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ORIGINAL ARTICLES.

ADDRESS ON OPHTHALMOLOGY.

Presented to American Medical Association, May, 1884,

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GENTLEMEN:—Instead of formulating the advances made in ophthalmology, otology and laryngeal surgery for the Section over which I have the honor to preside, I have thought it best to take up as the subject of my address before the Association, the diagnosis and treatment of some of the most common diseases of the eye with which the profession at large cannot become too familiar. Within the last thirty years, the special study of the eye by physicians skilled in the general knowledge of medicine, made ophthalmology the pioneer in the work of specialties, and for many years it held exclusive sway in its isolated position. This conspicuous progress was made when good men in the profession, with a foundation of medical and surgical lore, concentrated all study and observation in working out obscure symptoms which time enabled them to classify, and by which a more comprehensive understanding of eye diseases was secured. It made the study and practice of eye surgery so very attractive, on account of its positiveness, that the good work which had been done stimulated pathological research in other directions, so that now the disturbances in the numerous organs which comprise the human body have become the absorbing subject of honorable investigation. The greatest excellence is naturally attained by the division of labor. As each part or organ of the human body is brought under the critical investigation of a corps of learned and experienced observers, who hasten to divulge to the professional world the wonderful discoveries which they make for the amelioration of suffering humanity, the entire subject of scientific and practical medicine makes conspicuous progress, which it could obtain in no other way. We must thank the specialist for the lofty position which general medicine has secured and for the progressive advances which each year's work in the aggregate develops.

It is very easy to appropriate what another has, by weary toil, discovered. The intelligent labor of many years of hard work can be condensed in a few printed pages, and the practical application can be summed up in a few, short, plain sentences. It is by the liberal distribution of these truths in medicine, worked out by the assiduous labor of specialists who restrict their observation, thought, reading and experience to the changes which disease produces in a single organ or in a very limited part of the living body, that the sufferings of the human race are to be alleviated, and that the length of life of a generation is to be prolonged. The general practitioner avails himself of the fruit matured through special work: and when he shows an aptitude to learn what must be useful in his every day practice, the family physician becomes truly the honored advocate of advanced medicine, and properly acquires the title to be considered the very head of the medical profession. It is from this standpoint that I bring before this large assembly of thinking men some of the truths with which a daily walk with those afflicted with eye and with ear diseases made me acquainted.

From an every day familiarity symptoms, not usually estimated in their true significance, become conspicuous for detecting diseases which otherwise would escape recognition. It is generally considered a very important factor in the successful treatment of a disease that its true nature should be detected in its very incipiency. For, although there are many diseases of the eye, which, like those of other and larger parts of the body, run their course uninfluenced by medication, there are on the contrary many which, when early seen, can be checked promptly, as the lighted match thrown on the floor can be put out by a stamp of the foot, if seen early enough and before the room is in a blaze. It is the early recognition, and the early application of judiciously selected remedies which gives the specialist the advantage over the general practitioner, who loses this opportunity, often to the serious and permanent detriment of his patient, because he was not alert in recognizing the disease for the control of which his services were required. The specialist knows often, but should only confess it to himself, that the lost eye for which he is consulted could have been saved if properly treated, and is often lost for the want of very little knowledge.

That one whose daily avocation brings him in contact with the varied disturbances of the whole organization should be as familiar with the practical details of changes which take place in a single organ of this intricate body of ours as the physician who devotes his time exclusively to one study, cannot be reasonably expected. The studious physician may read to satiety on all the branches of medicine, and be in

every respect what is properly called a well-read practitioner, but if he cannot apply his newly acquired knowledge for want of opportunity, the utility of his information will lose its acumen, and most probably will not be called up at will when needed.

The tendency of the day is to allow the specialist too much scope. The general practitioner abandons too readily most important fields for successful work which do not fall in, what he calls, his line of professional duty. Many of them confess at once that as to eye and ear diseases they know nothing. But should this be? Does this come up to the standard of conscientious duty to those who confide in their family physician for all things pertaining to the well-being of themselves and children? How often does it happen that a specialist is not at hand and it is impossible for the sufferer to seek one! Is the eye of so little value in the general utility that it should be lost because it unfortunately happens that the family physician has given no careful thought to the diseases of this very important organ? It was not so formerly: and with the flood of light which modern investigation has poured upon this special pathology, there is less excuse for it now.

There are certain duties which a general practitioner may delegate to those who by an everyday experience have acquired a skill in the manipulation of instruments which cannot be obtained from any amount of reading or thought. In eye surgery this is a recognized condition. Of two persons equally familiar with eye diseases and their treatment, the one who knows how to handle instruments the most skillfully will save the largest number of eyes. The casual use of eye instruments at long intervals does not give facility of manipulation, and therefore cannot secure for the patient the best promises of success. It is in this respect alone that the general practitioner should acknowledge the superiority of the specialist. In obscure cases he will also seek advice to aid him in defining the disease and in determining the proper course of treatment. But as to the ordinary diseases which affect the eye, ear or throat, and which are met with in the daily routine of practice, any physician ought to be thoroughly competent to treat them as skilfully as does the specialist, particularly as the requisite knowledge can be acquired with so little outlay of time and study.

I am sorry to say that there is a very dangerous self-confidence at times met with among medical men which would rather sacrifice the innocent patient than acknowledge any deficiency in medical preparation. There is also a class of physicians blindly ignorant, who are content to grope in darkness under the belief that special knowledge is beyond their attainment. Of both of these professional conditions the specialist in medicine sees a great deal too much. When an honest desire to acquire useful knowledge exists, the truths developed by the successful study of the specialties in medicine are within the grasp of any practitioner. Especially in relation to familiar eye and ear diseases there is now no excuse for ignorance. The literature of the profession is largely made up of the writings of specialists. Libraries can be filled with books on special medicine; and no medical journal published, however modest it may be, can avoid giving pages to the practical discoveries in eye, ear and throat surgery. Through these channels of cheap medical literature, within the reach of every one, the profession at large ought to be theoretically well instructed in the specialties. Many doctors can discuss learnedly the differential diagnosis of the everyday diseases of the eye, ear and throat, and yet my experience fully sustains me in saying that very few general practitioners are positive in their diagnosis of any of the diseases which affect these organs so essential to life and comfort.

Take the common diseases of the eye. Inflammation of the conjunctiva, iris and cornea, also the intra-ocular diseases affecting the lens, choroid, retina and optic nerve; troubles which the ophthalmoscope so positively reveals. To diagnose any of these diseases the general practitioner should be as apt as the specialist. *To know a cold in the eye when he sees it, and always to recognize it with certainty*, is easy work for the specialist, and should be knowledge ready for immediate use by any one who undertakes to treat the diseases of the eye at all; and yet I may venture the assertion, based upon a very large experience, that very few physicians have the necessary knowledge. I do not mean to say that their diagnosis would not be most frequently correct; but from the very confidence which all have that they certainly do know an injected conjunctiva when they see one, they call all such congestions of recent development cases of catarrhal ophthalmia, not remembering that iritis will often develop with conjunctival inflammation, sure to mislead those who are not always on the watch for this complication. What general practitioner is there who has not fallen into this error?

Whether the patient seeking relief has an incipient conjunctivitis or an iritis is often a very weighty matter. The consequences of an error in diagnosis may lead to the most direful results. It has reduced many a family from comfort to want, and where the head of the family is affected, may become even a question of bread for the wife and children. A cold in the eye, even if ignored, is often but a temporary inconvenience, which the powers of nature will throw off. An iritis, if not recognized, will lead to more or less permanent impairment of vision, and very often to the total loss of sight amidst much suffering. One of the most painful incidents of my past year's experience was when a physician in full practice brought to me for consultation his friend, also a physician, who was suffering from what was called a serious cold in the eye which would not yield to a solution of nitrate of silver applied assiduously three times a day. I recognized at a glance a case of plastic iritis. Every drop of the caustic application was exciting increased effusion, to say nothing of the intensity of the suffering which the treatment engendered. In this case the adhesions were allowed to become so free and firm that a strong atropia solution could not break them up, and therefore the eye was seriously and permanently injured by the error of diagnosis.

Every physician knows that inflammation of the iris has its peculiar symptoms, but, unfortunately, they are not as conspicuous as the congested vessels of the conjunctiva. The pink zone of ciliary vessels

directly around the border of the cornea is so much less red than the injected vessels of the conjunctiva, that it escapes general professional observation. The torpidity of the pupil, when exposed to various degrees of light, is not usually looked for by the family physician. Dullness of sight, which belongs to iritis and not to conjunctivitis, is ignored. The discoloration of the inflamed iris is looked upon as a freak of nature. Pain, which may or may not exist to a marked extent, is usually attributed to neuralgia. From the recognized symptoms the diagnosis of conjunctivitis is, therefore, most frequently made out, and astringents are prescribed, with the knowledge that a cold in the eye is properly treated with a solution of borax, zinc, or nitrate of silver. In the meantime inflammatory exudations are sticking together the border of the pupil and the capsule of the crystalline lens upon which the iris glides.

As such eye inflammations do not yield kindly or speedily to this kind of treatment, the idea may occur that something more than a cold in the eye exists. An experimental drop of an atropia solution is then applied, but it is now found that the pupil cannot dilate. This condition corrects the diagnosis, but too late to be of service to the patient's eye.

Every physician knows that a solution of the sulphate of atropia will dilate promptly a normal pupil. All equally know that inflammation of the iris interferes with dilatation, by causing adhesions between that portion of the iris and the capsule of the lens which are juxtaposed, also that such adhesions are among the early symptoms of iritis. When recent, these adhesions yield usually to the dilating influence of a 4 gr. solution of atropia. When long standing they cannot be broken up by any mydriatic eye-drop. It is also generally known to the profession that the future danger to the eye, after an attack of iritis, depends to a large extent on the number and firmness of these adhesions. The mistake of not recognizing sufficiently early iritic inflammations is made by physicians of undoubted skill, who deservedly occupy the very highest professional positions. Very few physicians escape this error in the course of their experience. A few will try to correct their diagnosis during the treatment, but will not succeed in removing the sequel of troubles which an earlier recognition would have prevented. The majority of physicians never see their error till pointed out by the specialist, to whom the case of impaired vision is finally brought for treatment. This mistake could never be made, were it not for the self-confidence with which the majority of the profession diagnose congestions of the eye-ball.

It would save much trouble and mortification if every physician who undertakes to treat the diseases of the eye would look upon a congested eye with suspicion, and make it a rule to instill a drop of a weak solution of atropia into every inflamed eye which he may meet with in practice. If the pupil dilates freely within a half hour, the iritic complication does not exist. In this way the diagnosis of cold in the eye can always be confirmed, and the safe treatment with weak astringent eye-drops can be instituted with surety. Should the pupil enlarge irregularly, or not at all, the diagnosis of iritic inflammation is equally clear, and stronger solutions of atropia must be frequently used or no successful results can be obtained.

While a few drops of an atropia solution may be put in all acutely congested eyes, to aid in establishing the diagnosis, which is so very important to the well-being of the patient, it is but very seldom that any harm will come from this application. Only in one disease alone can injury follow the use of the atropia drop, and that is in cases of inflammatory attacks of glaucoma with conjunctival complications. Such cases, however, are rare. They seldom occur in persons under 45 years of age, and most frequently in females. The condition is accompanied by severe pain in the face as well as in the eye, with rapid or sudden deterioration of vision. Most frequently, in such cases, the necessity for the atropia would not mislead, because the pupil is already larger than normal, and does not contract when exposed to strong light.

The next most common error in ocular diagnosis is when the disease called glaucoma, with its diffused severe head pains, is mistaken for trifacial neuralgia, and treated accordingly, to the final destruction of vision. Headache is such a common accompaniment of systemic disturbances that very few cases of acute disease exist without this symptom being present. Then comes the large list of purely neuralgic headaches, sometimes of the greatest severity and duration, occurring chiefly in females, and often defying the utmost efforts of the physician. It is under this guise of neuralgia of the temple, head and face that the terrible disease, acute glaucoma, attacks the eye. It is often accompanied with nausea, which stomach symptom again misleads. The agonizing pain in the forehead, temple and teeth constantly mask the pain in the eye, and the impairment of vision, with steady and often very rapid deterioration, does not attract at the time sufficient attention. The eye-ball is hard, and this so-called tension indicates at once that the serious trouble is, primarily, an eye disease with face symptoms; but the family physician is not accustomed to feel the eye-ball, and, therefore, does not recognize that the eye on the painful side of the face is more stone-like than the one not complained of.

Unfortunately glaucoma is a disease which medicine will not cure, and unless relieved by early operation its tendency is to permanent and complete blindness. Whenever a patient, usually a female over 45 years of age, complains of severe pain in the brow, temple, and teeth of one side of the face, most frequently also in the eye, especially when the vision on the painful side becomes suddenly defective, the attending physician should always suspect glaucoma, a destructive eye disease with conspicuous neuralgic complications. Patients with these symptoms are usually found in bed, and the entire armamentarium of anti-neuralgic remedies are tried in succession by the attentive family physician. Days, weeks, and months are often passed in fighting these pains. If the eye defect has been finally recognized, tonics are given to secure to the patient strength enough to visit a distant specialist. If instead of the repeated

use of the hypodermic syringe and the many doses of iron, quinine and morphia and all to no purpose, the physician has suspected the true source of all the trouble, by puncturing through the cornea near its temporal border with his lancet, he would have relieved the tension of the eye-ball promptly, the pains would have disappeared as if by magic and the patient would very soon have been convalescent. Nothing in the whole list of remedies relieves these frightful head pains so promptly and efficiently as free puncture. The moment the hardness of the eye-ball is relieved by removing some of the aqueous liquid the pain subsides.

Very seldom does a specialist see a case of glaucoma diagnosed as such by the family physician. Always the history given is that of facial neuralgia actively treated by anti-neuralgic remedies, and when a lull occurs in the symptom, which is one of the peculiarities of this eye disease, the impairment or loss of vision, as it may now be, attracts attention, often too late to secure any return of it. Terrible is it when one eye having been lost in this manner, the second eye becomes similarly attacked, when irrevocable blindness is the result of the faulty diagnosis. Glaucoma is possibly the most frightful disease which attacks the eye, and is the one the least amenable to therapeutical remedies; and yet its facial neuralgic complications which will not yield to quinine, morphine, leeching, etc., will disappear speedily when an iridectomy has been performed.

Another class of dangerous eye troubles, not fully appreciated by the family physician, are those produced by the accidental wounding of the eyes, and more especially by perforating wounds involving the ciliary regions, where the white and colored portions of the eye join. When sight has been lost by such an injury it is difficult for the unexperienced to appreciate the fact that it is dangerous to retain the lost eye on account of the risk of having sympathetic irritation excited in the remaining good eye. Sympathetic iritis is an incurable form of destructive disease excited by the presence of the injured eye. It cannot be too generally known and remembered that an eye lost from accident is too dangerous to be kept in the head. It can be of no possible use. Most frequently it looks badly, is often liable to attacks of suffering and is always dangerous in its tendency to extend destructive inflammation to the other. That persons have gone through a long life carrying with them a lost eye, which happened to give them no trouble, has deluded many into the belief that they may be equally successful.

If there was a fixed interval of time in which to look for the extension of sympathetic inflammation from the lost to the sound eye after which safety could be ensured, the patient could then be watched over this dangerous period. Unfortunately the time for sympathetic inflammation to be transmitted is at any period during the life of the individual who carries in his person the source of danger. In my personal experience I have seen the good eye destroyed from sympathetic iritis three weeks after the receipt of a perforating wound in the opposite eye. On the other hand I have had a patient who was not threatened with injury to the good eye until an eye lost in childhood by a scissor's puncture had remained quiescent for thirty-five years. At any time during this long interval an explosion of destructive inflammation might have occurred. Safety resides in the removal of the lost eye before the good eye takes on any trouble. This course alone can put the sight of the patient in a condition of absolute safety.

This fact, in the prognosis of eye injuries, is well-known to the profession, but like much that may be equally well-known, it is not recalled when most wanted for the protection of those who, confiding in their family physician, entrust their case into his professional hands.

The enucleation of the eye-ball is one of the simplest operations in eye surgery, which any physician could safely undertake. With scissors, forceps and blunt hooks, the conjunction can be divided around the corneal border, the recti-tendons can be found and severed, and by cutting the optic nerve and oblique tendons the eye-ball is isolated from the socket tissues. The only rule of procedure is to keep close to the eye-ball and remove it alone, leaving all other tissues in the socket. Should the unskillful operator allow the scissors to stray a little no very great injury will be inflicted.

To remove a destroyed eye is quite a simple operation when contrasted with the delicate manipulation necessary for restoring sight. These latter operations may require such a degree of skill in the handling of instruments and experience in guiding the knife so as to sever only the parts designed, as to restrict their successful performance to the hands of specialists. Even with these the largest percentage of cures usually follows in the wake of those who have had the largest experiences in operations. Every patient operated upon teaches the observing surgeon something, and adds to his facility in manipulation, and therefore to his success in the aggregate. For this nice surgery the aid of specialists must ever be sought, but for the treatment of the most common form of eye diseases, the physician should surely prepare himself, so that he will know how to detect without any question of failure in diagnosis, an iritis when he meets one, and a case of glaucoma, even if its trifacial neuralgic pains should tend to attract attention away from the primary eye disease. These cases are not as difficult to diagnose as chest or abdominal troubles, and are equally important for the well-being of the patient. As the general practitioner will without hesitation attempt to define the one, he should be prepared equally to determine the other.

The stethoscope is put into the hands of every physician, who is expected to use it correctly as an aid to diagnosis. The ophthalmoscope, an equally necessary instrument, should go along with it, so that the eye as well as the ear may be educated to aid in the detection of disease. The manipulation of the ophthalmoscope is so simple that, how to use it can be acquired in a very few easy lessons. A little practice will enable one to detect easily all the

grosser diseases of the interior of the eye-ball. After a very few days' instruction in the use of the ophthalmoscope, any physician will be able to say whether the lens is clear or cloudy, whether the choroid and retina are of normal appearance, or whether the optic nerve is in a healthy condition. A very little practice will enable one to explore the interior of the eye, so that by the aid of a few colored diagrams, found in most hand-books on eye diseases, he can determine in cases of imperfect vision whether he should investigate for local diseases or for general blood poisoning.

As one of the great aids to differential diagnosis, it would really appear as if this window of the pupil was especially opened, that we may be brought face to face with the innermost workings of the system in health and in disease. We can look into the open chambers of this living organ and see the blood circulating in the throbbing veins. Only here are the naked nerves exposed to view. By observation and analogy, we can determine how hidden parts of the body are influenced by diseased action. How the nerve tissue becomes suffused in neuritis. How inflammatory exudates look while going through their varied metamorphoses for increase, shrinkage or removal. How blood escapes from delicate blood-vessels, and the damage done by very limited extravasation in the substance of nerve-tissue. We can observe the changes which a thrombus produces in the territory supplied by any special vascular area. As these changes are seen to take place in the inner chambers of the eye, so may they be produced in the brain or in other organs not so favorably circumstanced for exploration.

In many a patient have I, by ophthalmoscopic examination, directed attention to the analysis of the urine, and the recognition of a well established case of Bright's disease, which up to that time had not been suspected. The changes which take place in the retina and choroid are often made available for establishing a correct diagnosis of brain diseases. Incipient changes in the spinal cord may exhibit the earliest symptoms of impending trouble in the appearance of the optic nerve, and the general poison, syphilis, will in the interior of the eye often show indubitably its destructive tendency.

To any observer desirous of investigating pathological changes, the eye is a mine of wealth and will repay one hundred fold for the little labor needful to prepare one to appreciate fully its wonderful revelations.

I have said enough to draw attention to the fact that through the special study of ophthalmology the classification of eye diseases and the value of symptoms have been clearly defined. There is now no excuse for errors in diagnosis of the common eye affections which every general practitioner must meet with from time to time in the routine of even a moderate practice. With a very little labor one can be thoroughly posted as to the disease and the most successful methods of treatment. If the case is one in which skilled manipulation is most likely to give the desired relief, then the physician should be in condition to appreciate fully the dangers to his patient and put the responsibility for a cure upon those of larger experience than himself; but all the ordinary cases of eye disease should be as safely treated by the family physician as by the specialist. Make it a rule to examine thoroughly every case of eye disease, especially those of an inflammatory nature. This is particularly needful in the purulent ophthalmia of newly born children. If a child less than a week old gets inflamed eyes, do not attribute it to a cold, to be indifferently cared for by the mother or nurse. Remember, that such inflammations a few days after birth are most frequently the result of inoculation from poisonous vaginal secretions, a purulent ophthalmia very destructive in its tendency, and to which is attributed very truthfully one-half of all blindness in children. A suppurative inflammation, which if neglected, will cause the cornea to slough and the eye to be destroyed, yet is an inflammation which when properly treated should leave no bad results whatever. When the eye of an infant is lost under the care of the family physician it can only be charged to professional neglect. Thorough cleanliness, the removal of all purulent secretions from the eye every half hour, day and night if needful, and the frequent use of a mild astringent of borax, grs. x to ℥ i, with the occasional use, once a day, of a solution of nitrate of silver, gr. v to ℥ i, should save the eyes of any little patient, when the disease is recognized before the cornea ulcerates and the eye becomes on that account permanently injured.

What the general practitioner most needs is not a detailed account of scientific researches, nor even the narration of the novelties in practice which the last year has developed. What is of the most value is a familiarity with well established facts of practical use for the recognition and cure of serious diseases. How to use remedies aright, is of the greatest importance. Take atropia, for instance, which is invaluable for the successful treatment of some of the most destructive inflammations of the eye, but it is far from being the universal panacea for every eye affection, as some professional gentlemen seem to think.

What I have said for the eye, I may equally duplicate for the diagnosis of ear diseases. Many of these to be sure are very obscure, and can with difficulty be reached even by the process of exclusion. Yet, hid away as this organ is in its labyrinthine portions, it can be as successfully studied as any of the other hidden organs of the body. We have, however, a portion of the ear under direct ocular exploration. The external ear, so-called, and the drum-head at the bottom of it, can certainly be as thoroughly studied as the skin in the palm of the hand. Everybody has heard of the drum, and every physician knows where the drum-head is to be looked for, but very few have ever seen it, to know its healthy from its diseased appearances. Many cannot recognize the drum-head at sight, or know whether they are looking at the skin lining the ear passage, or the drum-head at its extremity. They do not remember, when the knowledge is most needed, that the healthy drum membrane always exhibits a bright spot of reflected light at the lower end of the long process of the malleus, and that the sight of this, marks with certainty its exposure

upon inspection. Were this fact better known, cerumінous deposits concealing the membrane and causing deafness, would not be sent to specialists by good physicians, so that the former may secure great reputation in restoring hearing through means of a syringe and warm water. I have had patients travel from their homes and back again, from Texas to Baltimore, fully 3,000 miles, to go through this operation, because the family physician, a gentleman of very large experience and one well-read in his profession, was not sure of the appearances of a drum membrane, although thoroughly familiar with the book anatomy of the hearing organ. Make it a rule, without a single exception, to examine the external ear of every patient who complains of deafness, and not send them to a specialist until you are convinced that the disease lies beyond the drum-head. The general practitioner should be as skillful as the specialist to detect cerumінous deposits and to remove them.

I would urge upon the profession at large to appropriate to their own uses the simple truths which special medicine has made so easily understood. Make up your minds that as to the common diseases which attack the eye and the ear you will become as familiar with them as can be any specialist, and that hereafter no mistake shall be made in the differential diagnosis of conjunctivitis and iritis as long as a solution of atropia can be obtained. Be firm in the determination that if any credit or reputation is to be gained by the restoring of hearing through the removal of excretions in the external auditory passage, no specialist shall rob you, at least, of this award. In other words, make the peculiar knowledge of the specialist the common knowledge of the profession.

THE AMERICAN MEDICAL JOURNAL OF THE FUTURE AS INDICATED BY THE HISTORY OF AMERICAN MEDICAL JOURNALS IN THE PAST.

ADDRESS BEFORE THE AMERICAN ASSOCIATION OF MEDICAL EDITORS, WASHINGTON, MAY 5, 1884, BY LEARTUS CONNOR, A.M., M.D., PRESIDENT.

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The nineteenth century is full of achievements far surpassing the tales of the Arabian Nights. First among these is the printing press. In all directions it incites rapid thinking and vigorous action. All trades, all arts, all sciences, all professions, indeed all callings, have been driven onward and attracted forward by its powers. In fact this force so occupies all our time and all our energies, that we do not realize the spell under which we are moving. With annuals, quarterlies, monthlies, weeklies, tri-weeklies, bi-weeklies, dailies, morning, noon and evening, we find that even journalism taxes all our powers to keep pace with the ever onward rush of human events. Of the other work of the printing press we can gather but the most general notion. In medical journalism proper, there are but very few that can do more than keep track of the most notable events in certain lines of medical work. The medical journal is greatly influenced by the medical men among whom it circulates, and in turn largely influences both these and others. Unquestionably it is the greatest factor of modern medical progress.

It is in a very real sense a medical college, a post-graduate school, a preceptor, a host of text-books, new editions ever appearing, the old editions taking their honored place upon the library shelves. It is a medical society in that it permits constant conversation and discussion between all working, thinking practitioners of every age, language and degree of medical accomplishment. It encourages the most frequent meetings of all members of the great medical profession. In short, it is the great unifier of the past and present, the diffuser of all new facts, new thoughts, all new and better appliances for the study of the human body and for the relief of its derangements. It at once gives to all that which any one person has found helpful or useful in his fight with disease and death. It enables thus the profession to move onward as one man in the pursuit of its high calling. As medical journalists, it is worth our while to occasionally consider the history of this mighty power, if perchance it may help us in our endeavors to so shape activities as to gain the highest good possible under existing circumstances. Such is my object at the present time. I desire to present some facts relating to the history of medical journalism in America in the hope that they may suggest lines of more useful endeavor in the future.

For many of my facts I am indebted to the courtesy of Dr. J. S. Billings, the able chief of the library of the Surgeon General's office, U. S. A. Portions of this data appeared in the Boston *Medical Journal* Jan. 2, 1879, and the *American Journal of Medical Science* for 1876. The rest has been gathered from files of medical journals since accumulating in the Library of the Surgeon General, and such other sources as were accessible to me. I do not flatter myself that I have collected all the medical journals of the United States, but I have obtained all that I could, and think that but few have escaped my attention.

The first medical journal[1] published according to Dr. Billings was issued at Paris in 1679. It was edited by Nicholas de Blegny, who seems to have been "a good bit of a charlatan." This journal was translated into both Latin and German. In the United States the first medical journal printed was the translation and selection from the "*Journal de Medicine Militare*," issued in Paris from 1782 to 1788. It was published in New York about 1790.

The first American medical journal was "*The*

[1] "Les Nouvelles Découvertes sur toutes les parties de la Médecine. Recueillies en Annie 1679, par N. D. B., 12 mo. Paris 1679." Continued the following year as "Le Temple d'Esculape." In 1681 it appeared as "Journal des Nouvelles Découvertes, Concernant les Sciences et les Arts qui font partie de la Médecine" 12 mo. 631. Dr. J. S. Billings.

Medical Repository," a quarterly edited by S. L. Mitchell, Edward Miller and E. H. Smith, New York, 1797–1824. Of the twenty-three volumes of this journal, Dr. Billings says "they are well worthy of a place in the library of the physician of to-day." From that day to this New York has never lacked one or more medical journals.

The second American medical journal was the *Philadelphia Medical Museum*, edited by Dr. Coxe from 1804–1811. Baltimore gave us the third medical journal, the *Baltimore Medical and Physical Recorder*, edited by Dr. Tobias Watkins, 1808–9. The first medical journal of Boston was the *New England Journal of Medicine and Surgery*, 1812–27. It began as a quarterly, and in 1828 was consolidated with *The Boston Medical Intelligencer*, forming a weekly, *The Boston Medical and Surgical Journal*, which has continued to the present time.

The *American Journal of Medical Sciences* began as the *Philadelphia Journal of the Medical and Physical Sciences* in 1830. It is said to have been started by Dr. N. Chapman under the stimulus of the phrase of Sidney Smith, "Who reads an American Book?" A new series began in 1825, which continued till 1827, when Dr. Isaac Hays took charge and gave it its present name. Since then its editorship has continued in the hands of Dr. Hays and his son. Throughout its entire history it has exerted a wide and lasting influence for good upon the best medical thought and work. Its contributors and its readers have long included the very best minds of the English speaking medical profession. It would be hard to find a medical scholar who would confess that he did not read the *American Journal of Medical Sciences*. West of the Alleghanies the first medical journal was the *Western Quarterly Reporter of Medical and Surgical and Natural Science*, 1822–23, Cincinnati, O.

The *Transylvania Journal of Medicine* was the first Kentucky medical journal published in Lexington, 1828–39. West of the Mississippi the first journal was the *St. Louis Medical and Surgical Journal*, 1843 to the present.

In the south the first medical journal was published at New Orleans, 1831, the *Journal de la Societe Medicale de la Nouvelle Orleans*. The most important journal was the *New Orleans Medical and Surgical Journal*, which was continued from 1844 to the present. The oldest existing medical journal of California is the *Pacific Medical Journal*, 1858 to the present.

From these beginnings have come a multitude of medical journals of all sizes, shapes, and prices, animated with very diverse aims, and edited and published with as diverse ability and care. Altogether the entire number of titles of medical journals started previous to February, 1884, is 509. Of these 136 are now current. 373 have passed over to the silent land. The accompanying table† gives the beginnings and endings of these journals in periods of four years, except the last period, which includes six years. It will be observed by this table that periods of great commercial depression are marked by a diminution in the number of journals started. Thus, from 1812 to 1816 but one journal is started, while in the four previous years there had been six, and during the four following years there were seven. The same remark applies to other periods of similar commercial disaster. Since the recovery from the panic of 1873, the multiplication of medical journals has been unprecedented. Thus, from 1878 to February, 1884, we have 173 started. The mortality was also terrible, being 106. It seems from these facts evident that the number of new medical journals bears a definite relationship to the general prosperity of the country.

† To the total number of medical journals ceased as given above, must be added thirty-seven. These could not be given in the table as the data did not permit me to separate the regular from the irregular. The summary will then stand thus:

			Feb.
378	Regular	begun	1797–1884
56	Homœopathic	"	"
19	Botanic	"	"
46	Eclectic	"	"
509	Total.		
234	Regular	ceased	1797–1884
48	Homœopathic	"	"
19	Botanic	"	"
35	Eclectic	"	"
37	Some of each	"	" 1879
373	Total	"	1797–1884
135	Current		

It is also apparent that of all medical journals started but few are long lived. Most die young, some very young, as the following table* shows. Thus taking the period commencing Jan., 1879, and ending Feb., 1884, there were commenced titles of 129 regular medical journals. Of these, five issued

but one number, twenty-five did not complete the first volume, thirty-seven did not go beyond the first volume, forty-seven did not go beyond the second volume, while but eighty were current at the end of the period. The same remark holds true of the irregular medical journals. Or taking all medical journals, of all kinds, since the settling of the country and we have a total of 509 titles started. Of these twenty-six did not issue more than one number, seventy-three did not complete the first volume, 161 did not go beyond one volume, 105 did not go beyond two volumes:

*

Mortality Statistics of Medical Journals from 1879 to Feb., 1884, of those started during this period.

	No. Titles Commenced.	Only one No. Issued.	Vol. I. not Compl'ed.	No. that did not go Beyond one Vol.	No. that did not go Beyond two Vols.	Current, Feb., 1884.	Total Ceased.
Regular	129	5	25	37	47	80	49
Homœopathic	13	0	2	2	2	6	7
Eclectic	4	0	0	0	0	3	1
Chemistry and Pharmacy	13	0	1	2	2	5	8
Dental	12	1	1	1	1	9	3
Veterinary Medicine	2				1	0	2
Total	173	6	29	42	53	103	70

Perhaps the first thought of one interested in medical journalism on the learning of these facts, is, why are so many journals so short lived? The answer to this query is not so simple as it seems. It calls for an analysis of the motives that induce men to start and maintain medical journals. If the object be accomplished by one number, surely it were Utopian to expect the journal to continue longer. If the experience obtained during the issue of a journal for one year has sufficed to convince its projectors that their end could not be reached in this manner, it is plain why the journal should be discontinued. Or, if it should be proved by an experience of two years that the attainment of the end sought by the publication of a medical journal is more costly as to money, time, friends, etc., than the end would be worth, then surely the journal must stop. As will appear, many of the motives influencing the starting of medical journals are of this temporary sort, and hence the journals are correspondingly short lived.

The study of the medical journals of the United States, as arranged by States, is of considerable interest. In the accompanying table* they are so arranged, giving also the total number started in each State, the number now current, and the number that has ceased.

We find that thirty-one States and Territories are represented by medical journals. Of these, New York produces the largest number, viz., 125; Pennsylvania follows with 63, barely more than half; next is Ohio, with 49; then Illinois, with 29; Missouri, with 24; Massachusetts, with 22; Kentucky and Michigan, with 21 each; Maryland, with 18; Louisiana, with 17; Virginia, with 15; Tennessee and Georgia, with 14 each; Indiana, 13; California, 10; Texas, 6; South Carolina, Kansas, Iowa, and District of Columbia, 5 each; Arkansas, Maine, and Minnesota, 3 each; North Carolina and Oregon, 2 each; West Virginia, Vermont, and New Hampshire, but 1 each.

* TOTAL NUMBER OF MEDICAL JOURNALS OF THE UNITED STATES, ARRANGED BY STATES.

	Total.	Current.	Ceased.
Arkansas	3	0	3
California	10	4	6
Colorado	4	1	3
Connecticut	4	2	2
District of Columbia	5	0	5
Georgia	14	5	9
Illinois	29	9	20
Indiana	13	5	8
Iowa	5	1	4
Kansas	5	2	3
Kentucky	21	3	18
Louisiana	17	2	15
Maine	3	1	2
Maryland	18	3	15
Massachusetts	22	6	16
Michigan	21	8	13
Minnesota	3	2	1
Missouri	24	7	17
New Hampshire	1	0	1
New Jersey	4	1	3
New York	125	41	84
North Carolina	2	1	1
Ohio	49	6	43
Oregon	2	0	2
Pennsylvania	63	15	47
South Carolina	5	0	5
Tennessee	14	4	10
Texas	6	2	4
Vermont	1	0	1
Virginia	15	4	11
West Virginia	1	0	1
Total 31 States	509	136	373

Even a casual glance at these facts shows that the greatest number of medical journals has sprung up in those States having the largest amount of trade. In order, these are New York, Pennsylvania, Ohio, Illinois, Missouri, and Massachusetts. Here we find the great cities of commerce—New York, Brooklyn, Albany, Buffalo, Philadelphia, Cincinnati, Chicago, St. Louis, and Boston. In a smaller way other commercial centres have produced their share of medical journals.

It is plain that where men are gathered for large and extensive commercial ends, there will be found the largest number and most important medical journals. The philosophy of this is not at all intricate. It is here that the largest financial, social, scientific and professional rewards are to be had for the highest practical knowledge and skill. As men go to these places for rare and choice merchandise, so they go there for the most expensive and celebrated medical and surgical aid. Hence men best able to meet these demands are attracted to these places. To still further exercise their powers, and to reach and attract a larger clientage, these write much for the benefit of their professional brethren. These writings call for medical journals by which they may be widely scattered. If needful, either they establish medical journals or cause their establishment. According to their wisdom in making their foundations temporary or permanent, so is the life of the journals long or short.

Competition between the profession of these commercial centres is so sharp, that only those of exceptional advantages as to capital of money, culture, brains or social position can hope to win. None ever reaches a great supremacy over all his competitors, so the struggle never ends, but continues till the powers are exhausted or death ends the scene. Large expense of living calls for large returns from work done. These returns are best secured from difficult or dangerous cases. To obtain many of these it is needful that the powers of individual doctors be made known to the profession. Hence the necessity of medical journals to carry a knowledge of these powers to the rank and file of the profession. 'Tis not uncommon for doctors to figure up the direct financial return from the publication or an article describing a new operation, etc. Where the financial pressure is greatest there will be the greatest inducement to relieve that pressure by such labor as has a money value. Where professional competition is sharpest for the securing of difficult cases there will be the greatest demand for medical journals which reach the greatest number of physicians scattered over the largest extent of country and readily accessible by lines of travel.

The same conditions are a stimulus to the physician who delights to overcome difficulties for the satisfaction of being conqueror. In a smaller degree every smaller centre for publishing medical journals feels the influence of the same principles of human activity. No doubt other agencies are at work in all places, and peculiar ones in particular towns, but these in no wise conflict with the ones mentioned. Nor do they at all controvert the fact that the permanent home of the best medical journals is in the political and commercial centres of the United States.

As to the character of the medical journals the accompanying table is of interest.[1] This shows that from Jan., 1879, to Feb., 1884, inclusive, medical journals were started in twenty-five states. In each one of the twenty-five, one or more regular journals were started. In six States Homœopathic journals were started, and in four Eclectic. The States starting Homœopathic journals are Illinois, Michigan, Missouri, New York, Pennsylvania and Texas. One Eclectic journal was begun in each of the following States, viz., Georgia, Indiana, Massachusetts and New York. Illinois began four Homœopathic journals, New York three, Michigan and Missouri each two, Pennsylvania and Texas each one. From this it would appear that the States in which Homœopathic and Eclectic journalism has been the most active during the past six years are Georgia, Illinois, Indiana, Massachusets, Michigan, Missouri, New York, Pennsylvania, and Texas. It will be noticed that these States are of great commercial importance and activity. Judging by this alone it would seem as if the influence of commercial centres tended to the development and propagation of "Isms." Is it true that the pressure brought to bear upon the profession in such centres turns the brains of many to the popular "Isms?" Certain it is that the facts point to this conclusion. Historically the great cities of the past have been the centres of the first development of those departures from truth and virtue which have ruined prosperous empires, carrying down scientific medicine and the liberal arts. Are we to expect that the influence of the medical journalism of the great commercial centres is to permeate the entire mass of the profession in other States? Certainly, if the same causes continue to operate. Will they continue to operate? It remains for the profession to determine this. If illegally educated doctors by the thousand are yearly turned loose in the ranks of the profession until competition becomes so sharp that few can make a fair living by honest logical methods of procedure, then such journals will rise all over the land, even more abundantly than in the States in which they now exist. At least they will do so until some new "Ism" enters the field to tickle popular fancy and open up another way of making a living. Bearing upon this question is the fact exhibited by the careers of the Botanic medical journals. Nineteen of these have started and nineteen have died. The period of their rise and fall is included between 1828 and 1862. All there was of good in them was absorbed by the medical profession and the rest so shrunk that there was no call for a distinctive representation among the medical journals.

In the earliest development of medical journals it appears that they bore a close relation to medical colleges. The publication by the colleges of the theses of their students, permitted the professors to make a statement before each thesis not to exceed sixteen pages. This gave professors a chance to publish some of their writings, as the subject-matter of their prefaces was not required to correspond with the subject of the thesis. But other doctors had no such means of reaching the profession, as usually the professors preferred to occupy all the space themselves. Hence the doctors were compelled to publish their own articles at their own expense. Later, as the medical journal became more definitely formed, it was mostly in the hands of college men. But in

[1] Medical Journals in the U. S. started from Jan. 1879 to Feb. 1884, arranged by States and character of Journals.

	Regular.	Homeop'thic.	Eclectic.	Dental.	Chem & Phar.	Veterinary Medicine.	Total Twenty-Five States.
Arkansas	2	.....	.....	.....	.....	.....	.....
California	2	.....	.....	1	.....	.....	.....
Connecticut	1	.....	.....	.....	.....	.....	.....
Colorado	4	.....	.....	.....	.....	.....	.....
District of Columbia	2	.....	.....	.....	.....	.....	.....
Georgia	2	.....	1	2	.....	.....	.....
Illinois	8	4	.....	.....	1	.....	.....
Indiana	6	.....	1	.....	.....	.....	.....
Iowa	2	.....	.....	.....	.....	.....	.....
Kansas	2	.....	.....	.....	.....	.....	.....
Kentucky	1	.....	.....	.....	.....	.....	.....
Louisiana	1	.....	.....	.....	.....	.....	.....
Maine	1	.....	.....	.....	.....	.....	.....
Maryland	1	.....	.....	.....	1	.....	.....
Massachusetts	7	.....	1	1	.....	.....	.....
Michigan	7	2	.....	.....	.....	.....	.....
Minnesota	2	.....	.....	.....	.....	.....	.....
Missouri	7	2	.....	2	.....	.....	.....
New Jersey	2	.....	.....	.....	.....	.....	.....
New York	39	3	1	2	8	2	.....
Ohio	7	.....	.....	1	1	.....	.....
Pennsylvania	16	1	.....	2	2	.....	.....
Texas	3	1	.....	.....	.....	.....	.....
Tennessee	2	.....	.....	1	.....	.....	.....
Virginia	2	.....	.....	.....	.....	.....	.....
Total Twenty-five States.	129	13	4	12	13	2	173

Excluding the Journals on Chemistry and Pharmacy—on Dentistry and Veterinary Medicine, the total of Medical Journals started was 146.

the lapse of time the pressing duties and other engagements of the professors became such that medical journals little by little fell into the hands of outsiders. At the present time only the newer and less stable medical colleges possess an organ in the shape of a medical journal.

Medical societies have also exerted a large influence in developing medical journals. Just how large this influence has been is difficult to determine. Indirectly it has operated in this direction by awakening a desire on the part of individuals to learn the views of particular men as presented in medical society gatherings. This desire called for the publication of the records of the meetings in the form of transactions. Usually if the society be large and have but yearly meetings, a single volume is issued at periods of a year. The permanent additions to our medical literature by these volumes have been large. Still all that is of real value to the reading medical public is now given to the profession months before the appearance of the volumes of transactions. Hence these volumes have come to be the repositories of details and elaborate articles, as such can find no place in the general medical journals.

Meantime, some societies have adopted the methods of the medical journal in the publication of their transactions. Perhaps the most successful of these journals is that published by the British Medical Association. Edited with great ability it has gradually won for itself and the organization it represents, the admiration and respect of the thousands who weekly reads its pages. The process by which this brilliant result was reached was a slow one, but it has demonstrated that it is possible for a large medical society to successfully organize and conduct a medical journal.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION is now passing through the first stages of a similar development under less favorable circumstances. Like its English brother, it has already been subjected to sharp criticism, it has had to meet the envy, jealousy, and disappointed ambition of disappointed persons and localities, but we have no doubt that in the end it will surmount all these obstacles, and have a future even more brilliant than its English brother.

Brooklyn, N. Y., has for several years given us two excellent society medical journals, the "*Proceedings of the Kings County Medical Society*," and the "*Annals of the Anatomical Society*." Unfortunately, both have suspended publication for the present. But however it may be that some medical societies may successfully conduct medical journals, it still remains true that the problem of medical journalism of the future does not admit of its best solution in this manner. The organizations are too unstable for the maintenance of permanent medical journals.

In examining for the causes which have led to the rapid and widespread multiplication of medical journals, we find them as numerous as the several classes of journals started.

One class, and that a large one, owes its existence to the desire of some person or persons to start a medical college, or to advance its supposed interests. It would perhaps be easy for individuals in each State to name the journals started for this purpose. But generally the purpose of these journals is so evident that all must recognize it. There are two ways by which these journals operate. The first and most creditable way is for the managers of the journals to incite a scientific and literary activity among all the persons interested in the proposed or existing medical college. The publication of excellent material in a journal emanating from any particular city directs the attention of the readers of the journal to this city, to these men, to this journal and this college. So long as this work is honestly done and the conduct of the journal creditable in all other respects, it is regarded with good-will by even such as differ from it in its ultimate aims. Unquestionably a large amount of scientific and literary work has been done under this stimulus which otherwise would have remained undone. On the whole, we think that such journals have earned the substantial regard of the profession.

But, especially in the past, a portion of these journals have operated in quite a different manner. They have devoted time and energy to the making of representations respecting themselves more creditable than the truth would warrant, and in attacking the persons and reputation of their rivals, real or supposed. The work of these journals makes a sorry spectacle to the medical student of past journalism. In this sort of journalism, personalities of the most bitter nature were often exhibited. Fortunately, the progress of events has removed most of these excrescences of medical journalism, and we may indulge the hope that they may never reappear.

Another class of medical journals sprang from the desire of some person to attack his real or supposed enemies without restraint. Perhaps the most noted example of this class is that of the "*Rush Light*," published in New York in 1800 by William Corbett, under the pseudonym of Peter Porcupine, for the villification of Dr. Benjamin Rush. Only seven numbers were published and only two bore the imprint of the place of publication. The last two were printed in London.

Another class of medical journals came from the desire of some person or persons to extend their reputation in certain lines of practice. This desire has given us many very excellent journals which we could ill afford to lose. They have gleaned the best the world has to give in knowledge or skill in certain lines of work and presented it to the profession in a compact readable form. The special disadvantage of these publications is that they are unstable. Generally they are discontinued as soon as their projector has established sufficient reputation and practice so that he can accomplish his wishes without this additional labor and expense. In so far as we have known they are usually published at a pecuniary loss to the individuals publishing them. The reason for this lies in the fact that their circulation is small and their expense great.

Within the past few years, manufacturers of drugs and chemicals, etc., have become the owners of medical journals, with the view of bringing their

products more clearly to the notice of the profession. For years they have practically supported medical journals by the money they have paid for their advertisements. In this manner they have practically controlled, in so far as they desired, the utterances of a considerable portion of medical journals upon subjects in which they had a special interest. Hence it was but a step to run a journal wholly in their own interests. Some excellent medical journals are now conducted on this basis. It does not appear that they are more subservient to the manufacturers' desires than those journals who carry large advertisements for the same manufacturers. Besides, most of the manufacturers have been shrewd enough to see that if they reached the ear and pockets of the profession, they must do it by obtaining and keeping their confidence. To obtain this confidence has been a difficult task, but that it can be done "The Ephemeris" of Dr. Squibb is abundant proof. Of course the danger of this class of medical journals lies in the possibility that the powerful influence of the capitalist may end in bending the journals to their present interests irrespective of the real facts and future profit. But this will doubtless correct itself, in that it will soon appear that any course other than a strictly fair and honest one will at last be suicidal both to the journal and the manufacturer.

Another class of medical journals has grown up in connection with the publication of medical books. Firms having large numbers of medical books to sell have found it to their advantage to publish medical journals. In this manner they have better been able to place their books before the individual physician. As a rule, these have been the best of medical journals. It would not be profitable to attempt to sell a good book by the publication of a low grade medical journal. As the value of the best medical books becomes more apparent, so will this class of medical publications come to the front. This class draws its contributions from a wide source and contains very much of the best material published. Large capital sustains them and large financial interests depend upon the excellence of their management. Hence it is reasonable to look to these for the best medical journals of the future.

A distinct profession of medical editors has not as yet been developed. Few even gain their living by acting as both editors and publishers. Some possibly live entirely by their editorial work, but their number is extremely small. A number get some pay in money for their work, but most get nothing. Not a few pay considerable sums for the chance of acting as editors. Most get simply the books and journals received in exchange. Hence as a rule medical editors get their living by the practice of medicine, their editorial duties being performed in the intervals of their regular daily work. Unquestionably medical journals as a whole suffer from this condition of things, but the remedy for it is not yet apparent. When medical colleges shall be able to pay each teacher, so that he can devote his entire life to study and teaching, then perhaps medical journals will be able to pay their editors sufficient to enable them to devote their entire energies to the conduct of their respective medical journals. As the day for the former seems far distant, so that of the latter is not near at hand.

The influence and power of medical journals depend largely upon their subscription lists. It is a difficult subject upon which to collect reliable data; still, it is certain that the paying subscription lists of most medical journals is small. A few issue from 1,000 to several thousand copies of each number to paying individual subscribers. But more issue less than 1,000, and not an inconsiderable number less than 500. Of course larger editions are issued, but several hundreds are sent to book-publishers, advertisers, exchanges, and deadheads. The reason why it is so difficult to get accurate information in regard to exact circulation, is that upon this circulation, real or unreal, is based the estimated value of the advertising pages. To confess a small circulation, would at once discourage advertisers from paying so large a price as is asked for the advertising columns. Still, the advertising value of a medical journal cannot be accurately estimated from even the exact number of copies mailed to paying subscribers. Much depends upon the persons who read the journal, and the confidence they repose in its statements. Shrewd advertisers recognize this fact, and upon it base their estimate of the relative value of advertisements in different medical journals. The roar of a lion will arouse more attention in a given community than the bleating of a lamb.

The history of the past ninety years shows that the number of medical journals with large subscription lists is constantly increasing. While none are able to maintain a continued prosperity without advertisements, it is to be expected that advertisements will have a decreasing influence upon the utterances of the editorial pages. A large subscription list is the only condition of escape from all bondage in this respect. Being wholly free from any bondage to the advertising pages, these pages would still remain both a source of increased income to the journal and of instruction to all its readers, in matters pertaining to the preparations produced by the arts of chemistry and pharmacy. But it has always seemed to us that in the pages of the real medical journal of the highest class, no advertisements of preparations would find a place which the reader of the journal might not prescribe with the feeling that he was doing that which would encourage both medical and pharmaceutical art.

The prices of medical journals have presented a curious spectacle, one worthy of careful study. Just now medical journalism is passing through an epidemic of cheap medical journals. I do not use the word "cheap" simply in the money sense, but in every sense—cheap in price, from $1 to nothing, and even paying the purchaser for taking them; cheap in make-up, in paper, in press-work, cheap in editorial work, and cheap in contributed articles. These journals have had a large patronage, by appealing to that thrift which eagerly seeks to get things for less than their actual value, and by that self-complacency which makes its owner believe that through this slight expenditure of money, and effort to read and brains

to understand, he can keep fully posted as to the changes taking place in the medical world. Farther, this style of medical journalism has led to the propagation of much nonsense respecting the calls of the "busy practitioner" for brief articles. This call for brief articles has just this truth in it, which saves it from being an unmitigated falsehood, viz.: The shortest space in which thought and facts can be clearly and forcibly set forth, is just the space each article should occupy. Many excellent articles do occupy far more space. But, on the other hand, a large proportion of the so-called brief articles contain absolutely nothing worthy the attention of any studious medical man. Then, the busiest men in the profession are those who not only find time to read all the long articles in all the medical journals which have a bearing upon their studies and practice, but they also find time to write long articles for medical societies and medical journals, and even to write our very best medical books. The "cant" of those who "boom" the cheap medical literature is harmful to all concerned, unless it is discounted at its actual value. It is a settled principle that in trade men usually get only that for which they pay. They may be deceived and get less, but not more. Hence, it may be understood by every intelligent physician that when he subscribes for a 50-cent journal he will get 50 cents' worth, just as when he subscribes for a $5 journal he will get $5 worth. Occasionally, it is true, that far more than the subscription value is given by a medical journal, because the proprietor has quite other ends to attain than the simple publishing of a journal for the returns by subscriptions. An illustration of this is seen in the *Ephemeris*, by Dr. Squibb. It is sent to those who wish it, for nothing. His object is simply to advertise his goods, by educating physicians as to their exact nature and peculiar virtues. Other excellent journals are published in a similar manner. The publishers get their pay for their publications by the sale of their goods. These are, however, exceptions, and so serve to prove the rule as old as the world and based upon commercial principles. We regard this epidemic of cheap medical literature as short-lived, and as a needful preliminary to the further development of the best sort of medical journalism. It is making a demonstration of an unfruitful field of medical journal labor. A cheap medical journal may be a good thing for the waste-basket, but it is not a product to which its owner will in the future point with pride, as it stands upon his library shelves. Its existence will serve to induce the publishers of the best sort of medical journals to furnish their products at as low a price as is consistent with excellence of work. It also shows the folly of attempting to cover even a small field of medical science regularly for 50 cents a year, more or less by a few cents.

Such are some of the facts relating to the growth of American medical journals. In truth these journals will compare favorably with the medical journals of any country. We have some good as the best, we have many poor, but it does not appear that we have the poorest. Many have been stranded by the progress of events, their history remaining to teach us the mistakes of their founders and conductors. Considering the crudities by which all such enterprises are surrounded at their beginning in a new country, it is surprising that the United States has made so good a record. As a whole our medical journals have advocated the right and labored for what they regarded as professional advancement. If they are to be compared with their allies in making and moulding medical thought and progress, medical colleges and medical societies, we think that medical journals have no occasion to be downcast. But comparison is unprofitable. Each has done its part more or less imperfectly but still so as to gain the general commendation of all real workers for medical progress. But what of the future? Does the past ninety years of medical journalism give any hint as to the medical journalism of the future? In a general way, yes; as to details, no.

In a general way, judging from the facts presented and suggested, we venture to suggest some general principles along which the medical journals must move.

1. A great many different persons having diverse aims will endeavor to originate and conduct medical journals. Of these the fittest will survive, those who can teach best through medical journals, the largest number of practitioners and investigators. In this manner the best available talent for editorial work will find its fitting field. A medical editor like a poet is born and not made. Only by the fullest liberty can he find his fitting work.

2. The largest and most influential medical journals will develop in the great commercial centres. Those of less power in the lesser cities. All these will at last so be established that it will become a matter of such difficulty to start new journals at every new cross-road, that few will care to undertake the task.

3. With increase of wealth and power the great medical journals will be able to pay their editors such salaries that they can afford to devote all their time and energies to the conduct of their several journals. This will result in the formation of a profession of medical journalists. As reporters, as correspondents, as editorial writers, etc., a corps of many workers will be found under each editor. Those exhibiting greatest fitness for editorial work will in turn take their places at the head of medical journals. Thus will medical journalists attain their highest teaching power, and an influence unsurpassed by any class of instructors in the profession.

4. The medical journals of the future will more and more be separated from medical colleges, medical societies, and all other corporate bodies that in any way cripple their perfect independence to work, and think, and speak for the great masses of the medical profession. This separation will be an indication that the best days of medical journalism are approaching, and that the conductors of these journals have recognized the elements of best success in medical journalism. Being thus perfectly independent of any particular body of men or special interests, medical journals will be able to speak for all interests in so far as they tend to the common good

and to condemn all that are opposed to the common good.

5. The advertising columns of the medical journal of the future will have less and less influence over the utterances of the editorial pages. One of the sad things of past medical journalism is the prostitution of the reading pages to the supposed interests of the advertising columns. Secular journals have sinned in this respect, but medical journals cannot be called spotless. But the future medical journal of greatest power for good in the profession, will show itself without stain even in every advertising page, as well as reading matter proper.

6. The advertising columns of the best medical journal of the future will contain a notice of nothing which shall not be free to every pharmacist to manufacture, as free as the formulas of the pharmacopœia. This will exclude all proprietary and copyrighted medicines of every sort. It will serve to encourage skillful and learned pharmacists to work with and for the medical profession directly, and so stimulate the best growth of the science and art of chemistry, pharmacy and medicine. Each respecting the rights of all other workers, will contribute their utmost to the advancement of common interests. If reduced to their proper number and supported by the medical profession as a whole, the medical journals could afford to take this step in the direction of freedom in all that pertains to the materials of the medical art.

7. The medical journals of the future will be able to pay more and more for the contributions to their pages as well as to their editors. This will encourage every struggling practitioner to make the most of all the material at his disposal. It will also place the editor in such a position that he can refuse all articles that have not decidedly positive merit in them. In this manner a vast amount of worthless trash will be prevented from cumbering the libraries of the future. Money compensation for all work done on a medical journal will sift the good from the poor, and obtain the very best the profession can produce with a minimum of the worst.

8. How shall we reach this end? It strikes me that it will be best to let experience do most of the teaching. The past shows that it is impossible to persuade a man that he is unfit to run a medical journal, until he has convinced himself by trying. The more who try, the more will there be of the class who know themselves unfit for medical editorship. Colleges have largely learned already that a college "organ" does not pay. Hence they have largely dropped this method of advancing the interests of their schools. Others who start medical journals to build up special interests will ultimately find that these interests would have been better served by not starting a journal. Naturally they will drop it.

Then as the conviction grows in the profession, that eminence and power in the profession must be earned by honest hard work, so will there be less inducement for the starting of numerous medical periodicals.

Beyond a doubt, years of prosperity will in the future as in the past be attended by a large crop of new medical journals, and years of depression by a small crop. But out of it all shall surely rise the medical journals of the future—journals in all true senses independent of all influences not tending to the uplifting of the medical profession to the highest position attainable for it—journals that in pure English shall represent the finest scholarship of the century—the truest manhood, the honesty and courage to speak the truth as occasion shall call for it without favor or fear of any college, advertiser, or clique of men of any sort—journals that shall not only fully and fairly represent the past and present condition of medical science and art, but shall inspire enthusiasm in all their readers to struggle for the best attainments possible in the future.

103 Cass St., Detroit, Mich.

PHTHISIS—ITS SUCCESSFUL TREATMENT.

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Read in the Section of Practice of Medicine and Materia Medica, May, 1884.

At this, the noon of micro-organific light, it would be a breach of order in medical authorship to touch the intra-thorax without a temerarious parade of one's knowledge of the *bacillus tuberculosis*. But in these halcyon days of elaborate reviews, retrospects, weekly couriers, records, bulletins, and budgets, almost universally distributed to members of the profession through the advertising and enterprising ingenuity of medical publishers, few, if any, of us could come here other than replete with knowledge and opinion of this much-discussed organism.

To dispel the incubus of your apprehensions I shall begin by promising not to subject you to the tedium of a bacteriologist. Though not assuming such proportions, I shall not avoid a casual notice of this "idea of the season."

When Koch, the great apostle of bacterian pathology, made known the results of his investigation in Berlin a few years ago, in less than forty-eight hours the contents of his paper were telegraphed to the world, the important part of which, and that which defined his position, said: "The active agent in the causation and propagation of tuberculosis is a distinct species of bacterium—a bacillus. Tuberculosis does not occur without the presence of these organisms, and conversely, no disease should be regarded tuberculosis * * * without the presence and vital activity of this bacillus."

Out of 150 tubercular specimens at various stages of development, Spina *did not find bacilli in one*.

Dr. H. B. Formad,[1] with the view of proving or disproving the position of Koch, utilized tubercular material from the autopsy table of over 400 cases, the result of which was the conclusion on his part that tuberculosis is not a contagious disease.

In the nature of things it involves so many ques-

[1] JOURNAL AMERICAN MEDICAL ASSOCIATION, Feb. 9, 1884.

tions of actual scientific research that your opinions would probably be little aided, if at all, by any position which I might now assume. I avow my belief, however, that Koch's discovery will not assist us in either remedying the disease when it comes before us, or diminishing the frequency of its occurrence. His theory of contagiousness is already waning. Upon the threshold of the decadence of its lustre we stand much advanced, and in the full light of science which has doubtless attained to the ultima thule of the bacillus tuberculosis. But I must avoid posing here, taking counsel of the opportune suggestion of the Chairman of this Section in our last meeting, that one can now illy afford to shine with borrowed light. I shall offer facts of which I have the best verification—the evidence of my own senses.

In pulmonary consumption we recognize a malady at once the saddest and most important of all somatic diseases. It chooses its victims chiefly among those who are marked as "superior men and women," because of their bright intellects and often high culture, carrying away fully one-third of all who die in middle life. The prevailing belief with the populace is that a person affected with phthisis is surely doomed, whether speedily or slowly, to an uninterrupted progress to death. This shadowy belief is sustained by a very large majority of practicing physicians, some of whom denounce with vehemence any and all who claim to remedy this disease, as being charlatans.

Having for ten years done an extensive practice in a climate remarkable for its excessive humidity and its variable, very rapid and extreme thermal changes, respiratory diseases have been no small factor in the total sum of diseases I have been called upon to treat. During winter and spring thirty-five to fifty degrees Fahrenheit rise or fall in twenty-four hours is not uncommon, and I remember a rise from 10° below zero at morning's dawn to 54° above at 3 o'clock P. M., or sixty-four degrees in nine hours. Though 1,600 feet above tidewater, this extraordinary climate has been peculiarly favorable in affording large opportunities to the rural practitioner for clinically studying phthisis in its many phases, forms, peculiarities, and complications.

By reason of my success in its treatment during the last five years, I am prepared to place myself in opposition to the common belief that it is an irremediable disease. I shall not enter upon a disquisition of its history, pathology, etiology, or semeiology, but will confine myself chiefly to the treatment of its various stages and complications.

There lurks in the memory of all of us a nebulous notion that phthisis is refined into a certain number of distinct types. Furbish up our knowledge of these anatomo-pathological refinements as we may, we are liable to fail, clinically, to determine the presence or absence of tubercle.

In the so-called caseous phthisis or *phthisis florida*, pyrexia is the more conspicuous symptom, ranging from 104°-106°. The stomach will seldom bear our most potent antipyretics. Dr. Bartholow, to whom I sent a patient with this disease four years ago, advised me to give quinine grs. xx, in ten-grain doses night and morning with digitalis grains j-ij, three to four days each week, but the intestinal irritability and nausea which followed made me chary of its use—indeed, since the death of that patient I have not regained courage to try it again. I have tried every known antipyretic. Salicylate of sodium will more often than any other be found serviceable.

The type of fever should be carefully studied: Is it in its usual form, quotidian; if so, simple or double? Let salicylate of sodium grs. xvi-xxiv, and where there is gastric or intestinal irritability, or diarrhœa, morphia gr. ¼-½ combined with each dose, be given during remission and one hour before exacerbation. If this does not hold fever in check give two doses; three hours and one hour before thermal rise. The stomach may bear this from one to three weeks.

Anorexia, as a concomitant of phthisis, is the rule, its absence the exception; especially in fibroid and tubercular phthisis during incipiency is this a prominent symptom. Here I permit small doses, about a tablespoonful, of whiskey with a bitter, as wild-cherry bark or nux vomica, with each meal, but I never fail to impress my patient with the fact that whiskey is not antidotal to pulmonic degeneration.

The *Liver*, in phthisis as in pneumonia, is congested, and jaundice, more or less decided, may be present. This condition is conspicuous in those addicted to the use of alcoholics, and those tainted with malarial infection. An accompanying gastro-duodenal catarrh may so derange digestion as to necessitate the constant use of stomachics, and in the early stage laxatives. Dextro-quinine is antidotal to malaria and at the same time a laxative and antipyretic. Its adaptability here is patent. But before long it usually proves irritant to the stomach and bowels, when it may be given alternate days or weeks with hydrastis in such doses as the stomach will bear, and enough to produce one and two actions on the bowels daily.

Our more unfortunate patient—disciple of Bacchus—dare not now if he choose and can, break the habit of years however detrimental to the lungs, but a gradual diminution of quantity is to be enjoined. Stomachics, laxatives, and tonics may be combined with his "bitters," and if degeneration can be arrested and the lungs restored, the use of alcoholics of all kinds must be interdicted.

Nausea and vomiting are often coupled with lack of appetite, emaciating the patient to an alarming extent. This is doubly unfortunate, as food and remedial measures are alike rejected and ejected by such stomachs. These valetudinarian stomachs are a very "Safe" against therapeutics, of which I do not profess to carry the "combination." It is difficult to conceive of a condition more embarrassing to our skill, and burdensome to our powers. However, I do not banish my patient to despair. The doctor here may take latitude in caprice with the stomach and try almost everything. I usually begin with:

℞ Acid carbolici..... 3i.
Tincturæ iodi..... 3ij.
M. S., gtts. iij in water before food.

Or,

℞ Strychnia ..... gr.i.
Acidum nitrohydrochloricum dilutum ..... ℥ss.
M. S., gtts. v–viij in water before food.

Again, Fowler's solution may be given in small doses, not to exceed three drops, in water before eating. Three to six drops of deodorized tincture of opium added to each dose of Fowler's solution when there is diarrhœa is very efficient. Sinapisms over the pit of stomach before eating are necessary in very obstinate cases until digestion is established, which will be aided by giving pepsin after eating. The potency of pepsin is increased by giving nitrohydrochloric acid before meals.

Having subdued pyrexia, allayed nausea, and overcome anorexia, an enormous leverage has been obtained for direct methods of remedial treatment of the lungs. If caseous or tubercular formations have invaded the alveoli or parenchyma of the lungs, do we possess means to procure softening, absorption and extrusion? In attesting to the affirmative of this question I shall do so only so far as my own clinical observation warrants. The best knowledge for practice is what a man gets for himself. In medical or surgical practice, it is said, the results obtained from any means or methods of treatment are proper tests by which their value may be judged.

Qualified by the precision of this formula, the article of first value is Yerba Santa. I administer it in the form of fluid extract in half to teaspoonful doses three times a day, just before or after food.

As intelligent men, scientific and enlightened practitioners, you will demand the rationale of its action. This I cannot give, for the resulting benefits are empiric facts which you must take on trust. I am unadvised of its chemical parts, nor have I learned of its physiological action. I have not even heard it extolled by any medical writer or teacher, but I have used it in no small number of cases during the last four years and its remarkable effects, even in typically bad cases, induced me to prepare a clinical record of some of these as a part of this paper, but its technical limit suggests the omission of the prosy narration of cases, than which nothing can be more dreary.

In puissance, as a solvent of tubercular and caseous deposits in the lungs, Yerba Santa has no equal in our materia medica. It is a laxative, and in the early stage of phthisis while there is gastro-hepatic torpor, duodenal cattarrh, with accompanying irregularity or inaction of bowels, Yerba Santa is all that is required, and yet its mildness of action does not prevent its use in more advanced cases when the bowels are moderately lax. Diarrhœa must, of course, first be checked.

I have repeatedly observed in cases of pyrexial phthisis, where every conceivable antipyretic means failed to make an impression, the free and continuous use of Yerba Santa bring a temperature of 105½° to 99½° in less than a week, and while under its influence not rise above 102°. The patient complained of sweating too freely all that time.

It is known that night sweats do lower temperature, and until the subsidence of pyrexia they should not be stopped by the usual means; as continuous diapedesis will surely and permanently bring down fever. Yerba Santa will produce such perspiration during waking hours that your patient will soon tell you that he no longer has those cold night sweats. When the temperature is normal, or sub-normal, and owing to loss of power of the vaso-motor system, the patient has night sweats, picrotoxine, or atropia and strychnia, will be efficient and proper.

As all our efforts of medication and alimentation are recuperative, we would naturally cast about for some counter-irritant that is not depleting—not a vesicant. This ensnaring plausibility is purely speculative, as heavy perplexity and embarrassed satisfaction have long ago taught me. I have for some years used cantharidal unguents to most thorough vesication over entire area of diseased lung or lungs, and I have never had to do other than congratulate myself upon the immediate advantage. There is no time here for following the vagaries of theory or of therapeutists. Blisters and every relay of blisters will cause you to exult over your pluck. The more abiding its issue the more marked is its good effect, and when we find phthisis the sequel of pneumonia, more especially of pleuro-pneumonia, or interstitial pneumonia where the inflammation of pleura and interlobular connective tissue is largely increased, the invading disorganization and degeneration are modified, if not arrested, by this potent means.

During incipiency, before the thermal rise is great, and again when it is waning, the absolescence of the exudate will be greatly facilitated by the use of iodide of iron and cod liver oil. The best way of administering this is with Trommer's extract of malt. Additionally, this is the most admirable constitutional support of which we know for those cases, and has a well known advantage in those tainted with scrofula. The stomach must be made tolerant of its use by beginning with very small doses, a half teaspoonful or less, gradually increased to a teaspoonful, never to exceed a dessertspoonful, just at the beginning of each meal.

When the alveoli are being invaded by an extension of catarrh of the bronchi, as the sequel of rubeola, scarlatina, pertussis, or a succession of deep colds, I like the effects of the iodide and carbonate of ammonia, and give it in pleasant form.

℞ Ammonii Iodidum..... ℥j.
Ammonii Carbonas..... ℥iss.
Syrupi Tolutanus.
Aquæ .....ââ ℥ij. M.
Signa: A teaspoonful every four hours.

This form is more usually accompanied with a harassing cough, granular pharyngitis, burning in throat and fauces often compared by the patient to a "coal of fire." Insufflation of sulphur is often good. I prefer boracic acid in fine powder and bicarbonate of soda equal parts. The best instrument for this purpose, so far as I know, is Trodd's Powder Blower, manufactured by Sharp & Smith, Chicago. I order the powder to be blown into the pharynx as often as pain is experienced, even if every half-hour. Iodoform ℥j., sulph. æther, ℥j M., in very obstinate cases may

be necessary; of this, two drops thrown in the pharynx twice a day in addition to the above will be found beneficial. Expectoration, when profuse, is usually acrid, producing erosion of upper larynx, and pharynx. Atropia, gr. j–ʒj in one and two drop doses every six hours, will be highly serviceable here.

I shall now speak of one or two types of phthisis which offer almost nothing but discouragement, and do so without going into the intricacies of semiology. Miliary tubercles, when scattered even in very large quantities throughout the lung substance, give rise to no symptoms by which their presence might be recognized or even suspected so long as they remain isolated. The wily artifice of death here bespeaks a very entity of intelligence, moulding and fixing, cautiously isolated with covert hand, a calculated abundance of these nodes, as torpedoes, to fatally shatter its victim in the explosion of coalescence which must before long follow.

This class we will usually see at, or shortly after, pubescence. They are sallow, anæmic, of a decidedly phthisical dyscrasia, which the history of the case discovers to us as the stamp of patrimony, by Bartholow facetiously designated as "gelatinous children of albuminous parents." The bravest of us, graced with an array of successfully treated cases on our list, must lack courage when brought before one of these. The lung change, when once discovered, is active, temperature-course remarkably fitful, morning depression may be 96; evening exacerbation 104.

Lastly, I wish to call your attention to a form of phthisis on which our books are silent. It is a slow form of phthisis peculiar to women unbraced by chronic uterine ailment. The buoyancy so characteristic of consumption is wanting here, and we find our patient in the slough of despond. Though her whims are pampered, and her slightest caprices anticipated, she may be irritable or melancholy over imagined neglect or supposed tire of those in whose affection she is nearest. Subjective symptoms are vague and mostly phenomenal, the slightest of which is brooded upon and nursed into an unwholesome importance, requiring as great æsthetic skill to right her psychical wrong, as medical knowledge to treat her physical ill. We have no complication of phthisis, which we may reasonably hope to benefit, that will ever and under all circumstances so perplex us when we come to treatment.

Having no data except that of my own experience, which until quite recently had nothing to encourage, and is still not ripe in assurance, I mean at present to merely call attention to this condition, and if with farther observation of my present method of treatment, its success warrants, I may again address this Section.

Finally: Being called upon for help by a subject of phthisis, we should be fully alive to the fact that he is closely besieged by Death; and beyond the immediate redoubt of therapeutics we must reconnoiter and sentinel, with sleepless vigilance, the environment. Undue anxiety of friends, superstitions of neighbors, the allurements of the advertising charlatan, the wily and wise nihilists, in and out of the profession, bring influences to bear upon our patient that operate as a Gatling against us, and we may be vanquished.

Time, and other observers, may reverse the verdict, but I cannot help feeling that, these adverse influences successfully guarded against, conjoined with the remedies and methods herein recommended, boldly, skillfully, and persistently applied, will prove the means for the fine achievement of curing a high per cent. of that form of thoracic degeneration which has hitherto baffled our science, and is a standing opprobrium to our profession.

Buckhannon, W. Va., April 23, 1884.

MEDICAL PROGRESS.

ANATOMY AND PHYSIOLOGY.

MOVEMENTS OF THE BRAIN.—M. Béclard at a recent meeting of the Paris Academy of Medicine replied at length to the statements of M. Luys respecting the movements of the brain, to the effect that the question itself was an old one, and that certain very restricted movements were noticeable after trephining the skull, and that polygraphic tamtors have registered these movements in unison with those of respiration and circulation. What is thus seen after trephining in the dog is also seen by watching the fontanelles in the infant. In the adult these phenomena also exist. Slight movements are rendered possible by the presence of the subarachnoid fluid and the elastic tissues. The brain with its envelopes fill completely the cranial cavity, the dura mater acting as the periosteum. There is no empty space in these visceral cavities. To detach the brain from the superior wall of the cranium requires a force equivalent to a column of mercury 76 centimeters high and two decimeters square at its base, that is to say, more than 200 kilogrammes. He had examined with care the illustrations given by M. Luys, whose arguments were not based upon any experiments applicable to man. On the contrary, there were experiments made upon animals, which are absolutely demonstrative and contradict the conclusions of M. Luys. It is now over 30 years since they were first made. Among them he cited those of M. Salaté who showed the movements of the brain under the influence of the circulation and the respiration, and its immobility in whatever position the cranium was given.

SURGERY.

ON THE OPERATIVE TREATMENT OF HEPATITIS AND HEPATIC ABSCESS.—Dr. Patrick Manson in the *Medical Reports of the Chinese Imperial Maritime Customs*, uses in abscess of the liver a drainage-tube of stout rubber 8 or 10 inches long, with a bore of at least one-quarter of an inch, about 3 inches of one end of which is perforated with large holes like an ordinary drainage-tube, its outside circumference is considerably greater than that of the canula through

which it is to be introduced. After puncturing the abscess, withdrawing the trocar, and the matter ceases to flow in full stream, the rubber tube, mounted on a steel stylet provided with a silver cap loosely fitted to the end of the stylet, is passed through the canula until the cap is felt to impinge upon the posterior wall of the abscess. While one hand gently but firmly holds the stylet and tube in position, the other carefully and slowly withdraws the canula from the side of the patient, the fingers gaining the requisite purchase for the very considerable pull and half-rotating movement required, from the eyes of the canula. The tube has been kept on the stretch by a string tied to the eye of the stylet, this is now cut—the tube is held tightly grasped by the tissues, and its perforated end lies in the abscess sac—the elasticity of the rubber causes it to resile towards the fixed abscess end, and, expanding, firmly to block the wound in both liver and abdominal wall. The peritonæum is thus bridged across, and pus flows freely through the tube without any risk of escape by the side. The stylet is then withdrawn. The operation is performed with all antiseptic precautions and the dressings are made upon the same principles, the end of the drainage-tube is inserted into a silver tube two inches long, which has carbolized gauze and a stout macintosh attached to it, all of which is secured by two broad flannel rollers, one thoracic and one abdominal, the drain lying between. To the silver tube is attached six feet of rubber tubing five-eighths of an inch bore, already filled with carbolic acid solution kept from running out by clips, and with its free end placed in a wide-mouthed bottle of a capacity of about two ounces and firmly secured—this small bottle is placed in a large bottle containing carbolic solution. The syphon is now complete, and the abscess contents are discharged as soon as formed, by the tube and into the bottle. A fall of about 18 inches is usually sufficient to insure a steady drain. The object of the small bottle is to prevent the entrance of air into the tube when the larger bottle is emptied of discharge from time to time. As no discharge can pass by the side of the drainage-tube, there can be no soiling of the dressings, consequently the patient need not be disturbed to have these changed for a week at least, or as long as discharge readily escapes by the syphon. The advantages claimed for this operation are: 1. The ease with which it is performed. 2. Skilled assistance is not necessary. 3. It is absolutely bloodless—no small advantage where a patient by long illness is reduced almost to the last extremity. 4. It is applicable to both very deep and superficial abscesses. 5. By means of the syphon action of the drainage-tube, the most dependent part of the abscess is as thoroughly drained as the highest. This important point is not met in the operation by incision, where bagging of pus is as a rule inevitable. 6. Antiseptics are easily and efficiently used. 7. In the operation by incision or puncture, the dressings must be frequently changed, especially during the first few days after operating; in this operation a week may safely elapse without its being necessary to disturb the patient to dress him. This means an enormous saving in suffering and risk to the patient, and in trouble to the surgeon. 8. Liver pus is often so thick and viscid that it will hardly, unaided, flow through an ordinary drainage-tube, and when it does get through, being forced out by accumulation in the abscess cavity, it coagulates into a sort of jelly and is not absorbed like ordinary pus by gauze dressings. It tends to collect in a mass round the end of the drainage-tube, effectually plugging this and preventing free discharge. This peculiarity of some kinds of liver pus is very remarkable, and is a great obstacle to successful treatment. But by the methods of dressing recommended, this viscid coagulating pus is removed as soon as formed, and no blocking or obstruction occurs—the abscess is always empty. 9. In the operation by incision the patient lies in soiled dressings, and is in consequence uncomfortable and perhaps restless; by the syphon-drain this is entirely obviated. 10. In this operation there is no danger to be apprehended from escape of pus into the peritonæum, and it is therefore a matter of indifference whether adhesions have formed or not. The canula, and afterwards the tube, are so thoroughly grasped by the tissues that leakage is impossible; and before the tube has become slack, adhesions are likely to form between the peritoneal surfaces of the liver and abdominal wall. Besides, the abscess being always kept empty there is no pus to escape at the side of the tube; and, as a matter of experience, even when the tube has been weeks in position, not a drop of liver pus has ever soiled the dressings. 11. It is manifest that an elastic tube is superior to the rigid silver canula that is sometimes used. The latter must tear the liver tissue in the up and down movements of respiration; this is a very extensive motion, as one can easily see by watching the motion of the aspirator-needle when its point is buried in the liver.

Objections that may be raised to this operation are:—

1. The elasticity of the tissues may be so great as to compress the rubber tube and block it. This Dr. Manson has not found to occur. 2. As the ribs come together in empyema, or in liver abscess opened through an intercostal space, they will compress the tube. Once for a day or two in one case this seemed to happen, but the obstruction was never complete, and very soon the edges of the ribs, where the tube pressed in them, apparently became absorbed, just as bone is under the elastic pressure of an aneurism. 3. The difficulty of keeping the dressing in position. This undoubtedly is considerable, but can be met by care and contrivance. If insuperable, the ordinary dressing may be adopted and the syphon discarded. 4. The necessity for special apparatus. Manson has performed the operation with an ordinary large trocar and canula, an ordinary large sized drainage-tube, and the stylet of a No. 12 gum-elastic catheter.

Dr. Manson regards puncture with the aspirator as a valuable therapeutic agent in hepatitis, where abscess has not yet formed—he has never seen any bad results from its use in such cases, and is satisfied that it has averted the formation of abscess.

One of the cases cited by him is of peculiar inter-

est, as it presents the rare condition of a complete biliary fistula existing under observation for about two months. In this case after relief from hepatic abscess by this operation, the patient gained in strength and weight, his temperature was normal, the pulse 100 per minute. Two semi-solid stools, entirely devoid of bile, were passed every morning with the utmost regularity; sometimes the action of the bowels was preceded by colicky pains, but there was no diarrhœa. Food of the ordinary character, with a plentiful allowance of milk was freely consumed. Two hours after eating, 5 grains of inspissated ox-gall, made up into a pill, was taken three times a day. From the tables given the inference may be drawn—first, that the average secretion of bile in a man weighing about 100 pounds, eating heartily of ordinary food and taking no exercise, is over 28 ounces in the 24 hours; second, that the rate of secretion is very irregular, and has no apparent relation to the hours of eating; third, that in the case cited the escape of bile was in some measure vicarous of the urinary secretion.

MATERIA MEDICA AND THERAPEUTICS.

THE HYGIENIC TREATMENT OF ALBUMINURIA. — Senator (*Berl. Klin. Wochenschr.*); (*Jour. de Med.*), in considering the degree of albumen in the urine as the index to the character and severity of renal disease, regards its presence not objectionable from the amount of loss to the system which it represents so much as that it is *the* diagnostic symptom of importance. This being generally recognized the presence of albumen is important from another standpoint, if we admit that perhaps in many of such cases the albuminoid matters act as irritants to the parenchyma of the kidney itself. We know that egg albumen, when introduced into the blood, is eliminated through the kidneys, and, what is most interesting, that the amount of albumen discharged exceeds the amount injected; so that it is not only the egg albumen which passes out with the urine, but also the albumen of the blood-serum—thereby determining the excretion of a new quantity of albumen. It is not improbable that the peptones act like the egg albumen, and it is possible that the albumen excreted in Bright's Disease is so altered as to act like a poison upon the kidney.

The general uselessness of drugs in chronic nephritis, and the often spontaneous relief to acute nephritis, with the variations for better and for worse which occur in chronic nephritis independent of all medication, and the benefits of a rational hygienic treatment, give to the latter a considerable degree of importance. The first question here, then, is upon diet, in which two things are to be considered: the quantity and the quality of nourishment.

As to the *quantity*. The latest researches have shown that albumen in the urine increases during digestion, in those in whom it is constantly present, and that it reappears where it had apparently disappeared. Even in healthy persons we may note its presence after a copious repast. The patient, then, must avoid abundant repasts; he may eat often, but little at a time.

As to the *quality*. From what has been said Senator interdicts positively the use of eggs. Cheese and meat come under the same ban, and for the same reasons. Lichtheim adds another inconvenience which results from an alimentation rich in nitrogenous matters, viz.: the accumulation of urea in the blood with its consequences (uræmia). Recognizing their importance as food to many, Senator considers it necessary to *moderate* the use of meat and cheese, and to confine the diet to flesh which contains comparatively little nitrogen, as veal, young chicken, fish, etc. On the other hand, he recommends the free use of a vegetable alimentation, especially those vegetables which are poorest in albuminoid matters, such as the greens, salads, fruits, etc.; regulating the diet, of course, as far as possible, to the preferences of the patient and the condition of the digestive organs. The fats may be allowed in certain quantity if well tolerated.

As to *drinks*, it has been the custom to interdict empirically the use of alcoholic drinks. Senator is of the opinion, that we should not always interdict their use, particularly with those habituated to them. We may deny the use of brandy, etc., but allow the use of red wine (claret). He has seen beer increase the quantity of albumen, but has never observed a case where claret influenced the presence of albumen in the urinary secretion. Spiced and smoked meats are objectionable.

As to the *milk cure*, which has been so justly appreciated for a long time, it is not a question of an exclusive milk diet, for such a regime would not be tolerated for many days—it requires to be absorbed in too great quantity—two liters of milk would not contain enough of the albuminoid substances to nourish a man who passes his time in inaction. To assist this Senator gives with the milk a small quantity of white bread, or perhaps a little soup.

Of *mineral waters*, the saline and alkalino-saline waters as drinks are the best, and may be either hot or cold as the case may be. We do not know what the action is. One would suppose that these salts would irritate the kidney rather than benefit it, but experience proves the contrary—perhaps they act by assisting the digestive functions and modifying the decomposition of the blood. Employed as baths they have also an undeniable influence upon assimilation and disassimilation, thereby acting perhaps favorably in albuminuria; but their action on the skin is of the first importance—however it may be explained, it is an established fact that if a patient loses much water by the skin, the absolute quantity of albumen diminishes in the urine; its relative quantity, it is true, is greater, but that is accounted for by the diminution in the quantity of water. Therefore it is well to keep the skin in a constant state of more or less active transpiration—warm baths; flannel next to the skin; keeping to the bed for weeks or even months, and suppressing as much as possible, *muscular movements*. Observation has shown that muscular movements increase the quantity of albumen. The same may be

said of moral emotions. Menstruation regularly increases the quantity of albumen, so that we must be particularly careful to observe prescribed rules at such periods.

Finally, to produce the best results an appropriate climate must be selected by choosing the dry regions of the South, where the beneficial influence is exerted upon the skin, with muscular and intellectual repose, and with a vegetable diet.

Musk.—Dr. D. J. Macgowan (*Chinese Customs Medical Reports*) records two cases illustrating the beneficial use of the Chinese musk-plaster with four grains added. The first was a case of severe lumbago, in a rheumatic patient, and of ten days' standing, which had been treated in the usual way without relief. The application of the plaster was followed by sleep in two hours, the next morning the pain was barely perceptible, and in three days it wholly disappeared. The second was a sprained ankle with extensive tumefaction and intolerable pain; the application was made eleven hours after the injury. Ten hours later the patient fell asleep and in the morning the joint was painful only upon pressure. On the fifth day walking was partially renewed, and in a few days more the only trace of the injury was a stiffness of the joint, which continued much longer.

Dr. Macgowan gives an account of the Chinese mode of obtaining musk from the musk-deer and civet-cat; and tells us that this valuable substance no sooner leaves the hunter's hand than skilful manipulators adulterate the article for wholesale dealers, who adulterate it for the trade, when it is found to possess about 10 per cent. of genuine musk.

MEDICINE.

A Contribution to the History of Syphilis.—Dr. B. Schenhe, of Leipzig, refers (*Chinese Customs Medical Reports*) to a work of Japanese origin, and drawn up in the year 808, by two of the private physicians to the then reigning emperor, as an annotation and collection of all that was extant relating to the national art of medicine. It unfortunately remained unknown, and it was only at the beginning of this century that it was for the first time printed. In 1827 a certain Bude found a well-preserved manuscript in a temple, and published it. Since then it has been several times re-issued. It is composed in the ancient language of Japan, but it is transliterated into Chinese characters. Two chapters relate to syphilis. We see bubo, chancre, œdema preputii, phagedenic chancre, exanthemata, bone and joint affections, ulceration of the throat, and severe tertiary symptoms briefly indicated in their order, and finally otorrhœa added, though this, indeed, is here not so thoroughly in its place.

The inter-dependence of all these affections was known to the authors; they already, therefore, considered syphilis as a specific disease. It is not possible to say whether they hold that it is contagious, and especially whether they believe it to be communicable by sexual intercourse; for the doctrines of Chino-Japanese medicine attribute other diseases which are not contagious to the operation of special poisons.

A Case of Anuria Persisting for Fifteen Days Without Injurious Effects.—Dr. L. Chappot de la Chanomé, in *Le Concours Medical*, cites a case occurring in a man aged 66 years, who complained of pains in the lumbar region, general discomfort, and loss of appetite. There was no fever, and the tongue was natural. He prescribed a saline purgative, and friction over the painful region. The next day the patient declared that he had not passed urine for three days, but that it did not trouble him, as he felt no desire to do so. Palpation showed that the bladder was empty, or nearly so; but to make sure, he introduced a catheter, without producing a single drop of urine. He prescribed energetic diuretics, but without result. Six days later he called Dr. Bonin, of Monchamp, in consultation, and catheterism was again practiced, without effect. The prognosis naturally was very grave. The patient kept to his bed, had no fever, but a strong dislike to food and a decided relative weakness. He talked freely with those around him, and complained somewhat of lumbar pains. Diuretics and sudorifics were freely used, strychnia was given, the lumbar region was blistered, and warm baths were administered. Every day there was a moderate amount of perspiration, of an odor like that which is found in some cases of rheumatism, and each day there were two or three stools of the character of an ordinary diarrhœa. Finally, on the fifteenth day of the anuria the patient felt for the first time a pressing desire to urinate, and he hardly emptied his bladder before the desire returned, and the urinal was filled more than once. This continued for the first twenty-four hours. The second and third days found the amount diminished, but much more considerable than under ordinary circumstances. After that the secretion became normal, the health of the patient was rapidly re-established, and the patient has been perfectly well ever since (eighteen months).

Prizes.—The Illinois State Medical Society, at its recent annual meeting, offered a prize of $100, for the best Essay on Diphtheria; and another of $100, for the best Tabulated Statement of ten cases of any important disease occurring in the practice of the writer. The awards are to be made by a committee of three appointed by the President of the Society, and to be done in time to have the papers presented at the next annual meeting of the Society.

Baby-Farming and Mortality. — At a Sanitarium or semi-charitable establishment near Hammonton, New Jersey, for the reception and care of foundlings, twenty-five infants were received since January 15, 1884, of whom twenty-three are dead. So extraordinary a mortality has attracted attention, and the coroner is investigating the institution and its surroundings. The mortality in all establishments for the reception and care of foundlings, is and must be large, unless healthy wet-nurses can be provided for the unfortunate infants; and too much care cannot be given to the management of such institutions when they are permitted to exist.

THE

Journal of the American Medical Association.

PUBLISHED WEEKLY.

THE EDITOR of this JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information, should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, JUNE 14, 1884.

NEW MEMBERS OF THE ASSOCIATION AND THE JOURNAL.—We have received a few letters from new members or those who first acquired membership by attending, as delegates, the recent meeting of the Association in Washington, manifesting some impatience because they had not immediately commenced receiving the JOURNAL. We wish to state for the benefit of all parties that the editor and publisher are entirely dependent upon the Permanent Secretary for the minutes or official record of proceeding of each annual meeting; and upon the Treasurer for the names and addresses of all members, new or old, who are entitled to the JOURNAL from having paid their annual dues or membership fees.

The number of new members at Washington was unusually large, and to separate the new names from the old, the whole registration list must be carefully compared with the previous roll of paying members, requiring no little time and patience on the part of the Treasurer. When he had completed his work, and forwarded the names and addresses of between four and five hundred new members to this office, a considerable number of them were found to have been taking the JOURNAL as subscribers, and consequently their names were already on the mailing list. To prevent duplicating these, necessitated a close comparison of the new list with the mailing books throughout. These necessary preliminaries were not completed until the first week in June, during which the JOURNAL was mailed to nearly all the new members, although their regular Journal year will not commence until the first number in July, which begins the third volume. For it must be remembered that the membership fees for 1883 paid for volumes one and two, commencing July 1, 1883, and ending June 30, 1884; and the dues for 1884 pay for volumes three and four commencing July 1, 1884, and ending June 30, 1885. Consequently all numbers sent to new members between the time of the annual meeting and the first of July will be gratuitous, or in excess of their regular Journal year, during which they will have the two volumes, for which they pay, complete with title-page and full index for each.

THE HOSPITAL COLLEGE OF MEDICINE OF LOUISVILLE, KY.—This institution, which constitutes the Medical Department of Central University, held its regular annual commencement exercises on the evening of May 29, 1884, and conferred the degree of M.D. upon thirty-one candidates. The valedictory address in behalf of the Faculty was delivered by Prof. Dudley S. Reynolds, who, with many other items, gave the class the following good advice: "You should join the medical societies to which you are eligible. Comparison of experience and interchange of opinions strengthen and enlarge your views of practice. Publish all your particularly interesting observations and experiences for the benefit of your brethren." And he should have added, "keep a faithful record of all acute cases of disease, especially in reference to date of beginning, apparent etiological conditions, and results of treatment." Such a record commenced in the beginning of professional life, begets a habit of closer observation, greater accuracy of knowledge, and furnishes a storehouse of facts capable of correcting many erroneous general impressions made by the popular sentiments and doctrines everywhere surrounding the practitioners of the healing art. It was also announced that hereafter a moderate standard of general education will be required of all new applicants for admission to the courses of medical instruction in the college.

THE TREASURER'S REPORT.—The detailed report of the Treasurer of the American Medical Association, which should have been included in the Secretary's minutes of the recent annual meeting, will be found in another part of this number of the JOURNAL. It was unintentionally omitted from the minutes as furnished at the proper time.

MEMBERSHIP DUES AND SUBSCRIPTIONS.—Under the head of Miscellaneous matter will be found a standing official notice on this subject by the Treasurer. As there stated, all membership dues should

be paid to the Treasurer of the Association; and if not paid at the annual meeting, they should be remitted by mail to him (Rich. J. Dunglison, M.D., Lock Box 1274, Philadelphia, Pa.). If members fail to pay their dues for three years in succession, after due notice from the Secretary, they lose their membership. And if a member fails to pay his dues for one or two years, he cannot retain his membership by simply paying the dues for the *third* year; but the arrearages for all the years must be paid. We call attention to this, because the Association took direct action on the subject at its recent meeting, and left no discretion with the Treasurer in relation to the construction of the rules relating to the subject. We wish to call special attention, also, to the fact that under the new constitutional provision for admitting members by *application*, the application should be made in writing, directed to "the Treasurer of the Association," and accompanied by the membership fee, five dollars, and by a certificate of good standing as a member of the State or local Medical Society where the applicant lives, signed by the President and Secretary of such Society. Only subscribers to the JOURNAL who are not members of the Association, and advertisers, should remit money to the publication office, 65 Randolph street, Chicago, Ill.

SCARLATINA IN UTERO.—In an interesting paper read before the New York County Medical Association, April 21, 1884, Dr. Charles A. Leale relates a well marked case of scarlet fever in a child at birth. The mother was attacked with the disease at the end of the ninth month of pregnancy. Labor was induced when she was in the early part of the eruptive stage of the fever. The child was readily delivered with the forceps, and "was unmistakably in the midst of the eruptive period simultaneously with its mother."[1]

The disease proved highly malignant in the mother, causing her death fifty-six hours after her delivery. The child recovered. Such cases are very seldom met with, although a few are on record.

EPIDEMICS OF CHOLERA AND YELLOW FEVER.—Reports show that up to April 12, 1884, the cholera had been on the increase in Calcutta, while yellow fever prevails only very moderately in Rio de Janeiro, Havana and some other places within its native limits.

Whether either of these dreaded scourges will extend beyond their ordinary limits during the present summer remains to be seen. The health authorities in the South and Southwestern States are taking active measures to prevent any invasion of those States.

[1] MEDICAL NEWS of May 31, 1884.

LONG ISLAND COLLEGE HOSPITAL.—At the annual commencement of this college, held May 21, 1884, the degree of M.D. was conferred upon 44 candidates.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

The semi-monthly meeting of this Society was held on the evening of May 5, 1884, when two important papers were read. The first being on "Puerperal Septicæmia and Prophylaxis of Puerperal Inflammations," which was ably presented by Dr. G. Frank Lydston, wherein he differed from many eminent writers on these subjects. The paper is some 70 odd pages in length, written on legal cap, and consumed the greater part of the evening's session. Below will be found a brief synopsis. After reviewing with some vigor the discussion of "Puerperal Fever," in a New York journal, and that of the New York County Medical Society, and the admirable essays upon the subject by Drs. Thomas and Garrigues, the writer asks, What is puerperal fever? To define this, he stated, is a most difficult problem. Referring to the descriptions of Leishmans, Hervieux and Lusk, how widely different are their definitions, made at intervals extending over a period of years. Barker states that puerperal fever is an entity. To assume that diseases which may occur from numerous and most diverse causes in the non-puerperal female should change and become suddenly "specific" is illogical.

The writer did not, however, wish to be understood as advancing any arguments in favor of ignoring the danger of septicæmia, but simply offering a protest against what he was pleased to term the "septophobia" prevalent in some quarters. In other words, defined his position as midway between the two extremes of practice. Through the medium of the placenta, there is a constant interchange of nutritive and waste materials between the vascular systems of the mother and child. The former is far in excess of the latter, and is a physiological necessity. In this process of osmosis, the fluids are chiefly towards the child. At birth, however, all this is changed, and the osmosis is in the direction towards the maternal circulation. The afferent current is checked, and the lymphatics and veins of the mother are more active than ever, as it is mainly through them that the retrograde metamorphosis of tissue occurs, and which is the essence of physiological uterine involution. Or, as is described later in the paper, the function of the lymphatics and veins of the puerperal woman, is to remove those nutritive materials which by the removal of the fœtus have been rendered unnecessary. That a large amount of waste

material is thus removed is evidenced by the peculiar character of the colostrum. This, rather than the patulous condition of the uterine sinuses, is the most important physiological circumstance favoring septic absorption, for with the products of retrograde metamorphosis of tissue, we are likely to have absorbed the products of putrefactive changes. The so-called "Milk Fever" may also be ascribed to this cause, that is not necessarily injurious, as experienced obstetricians have lately stated, and Lusk states, that round micrococci are the necessary causal element of true septic fever. This, if it be true, agrees very well with the view just advanced. Lydston's belief is that milk fever is simply due to hyper-activity of the nutritive functions, resulting from the sudden introduction of an excessive amount of nutritive material into the circulation. It will be observed that the fever lasts only until the excess of material has had time for elimination chiefly through the selective action of the mammary glands. Of course, it must be admitted, that if products of putrefaction be also introduced, the rise of temperature and danger of eventuation in septicæmia will be proportionately increased. * * * * * * * * * * * * Pale, weak, anæmic women are most liable to develop septicæmia, while if more robust women are sick at all, are most likely to be attacked by some variety of *local inflammation*, yet, should the latter have the clinical characteristics of a typical case of the disease. The origo-mali in the first case cannot be the same as that of the second, and the two forms will depend upon widely different causes in spite of the theory of the common cause, "septic absorption." Hypothetical typical cases of "puerperal fever," "local inflammations," with moderate and quite intense fever, etc., etc., were clearly illustrated and graphically described in a few succeeding pages of the paper where one woman that has passed through labor is a victim to toxic infection, whilst the other, who is plethoric, is markedly predisposed to inflammation. The one, whose tissues do not want for an abundance of nutritive pabulum. The other, whose tissues fairly crave for supplies of new material, and who practically speaking is a huge sponge ready for the absorption of any materials of an organic nature.

The writer though being inclined to believe that septæmia may occur from the absorption of fluid from which bacteria are absent,—sepsin—in its results, differs not at all from snake virus, and its destructiveness depends in a great measure upon local and constitutional conditions in the affected individual. In "pyæmia," however, which is but one grade of "septicæmia," bacteria must necessarily be present. In certain cases of mild febrile attacks following child-birth, it may be simply a traumatic fever. This, while often due to septic absorption, may also be due to nervous influences, or traumatic fever, resulting from nutritive disturbances (as shock) which is due to excessive reaction following nervous depression. Shock also may be due to the use of instruments. Malarial fever may also come on in the puerpera. Certainly then septic infection may not be present in any of these instances, and yet the case is diagnosed as septicæmia. In certain cases of septic infection, following labor, we have diffuse suppurating abscesses, differing little, if any, from "pyæmia" that may follow surgical operations, but the characteristic temperature curve is exceptional in the former, which is present in "pyæmic" fever. This form of puerperal septicæmia is sometimes very chronic, resulting in gluteal abscesses, and even secondary suppurative processes have been found (by himself) at the autopsy in the liver and kidneys. The causal element of the phases of diseases usually termed respectively pyæmia and septicæmia is the same, but the former is a misnomer. In one we have the formation of thrombi which contain micrococci and which become detached, enter the circulation until they lodge and form new foci for suppuration, etc., etc., etc., while in the other no thrombi are formed, or if formed, became so rapidly and thoroughly disintegrated that secondary suppurations do not result. Comparative illustrations were then given why metastatic abscesses cannot result from dissecting a wound which is septicæmic. In a general way the formation or non-formation of thrombi depends upon the intensity of the infection and the local and constitutional conditions present. Metastatic abscesses are quite exceptionally seen in the puerpera. This may be due (in part at least) to the fact that the patients are so speedily destroyed by the intense infection characteristic of puerperal septicæmia. Thomas goes to the extreme of attributing all puerperal disorders to the absorption of septic poison, and in further quoting that author, according to the writer, it matters not whether the disease be a phlebitis, cellulitis, lymphangitis, or peritonitis; the essence of the disorder is the absorption of poison into the blood of the puerperal woman through some solution of continuity in the genital tract. How about exposure as a cause?

Phlebitis following labor may give rise to the disease known as phlegmasia dolens, and may result from trauma, especially if exposure be superadded; or it may arise from simple thrombosis occurring independently of bacteria or septic processes in the same manner as cellulitis may arise. * * * * * A "locus minoris resistientiæ" may be afforded, and the women being especially susceptible to cold and depressing influences of all kinds, it remains but for an exposure to a draught of air to light up an inflammation of the uterus constituting a metritis, or a pelvi-peritonitis, or cellulitis. The simple passage of a sound into the non-pregnant uterus has been known to produce pelvic inflammation, severe cellulitis, etc., etc. A rapidly fatal general peritonitis has also been caused in the puerperal woman by simple extension of the pelvic peritonæum. In these cases if septicæmia occur at all, it is secondary to, or a complication of the inflammatory affection.

Before closing the review of this portion of the article the reporter wishes to *add* again that Dr. Lydston does not deny that puerperal peritonitis undoubtedly often is septic in origin, but he emphatically insists that it is not always so, and that there is not a characteristic "septic peritonitis." * * * * *

Regarding the conversion of the poison of the exanthemata into a specific "puerperal poison," the

writer states *it is absolutely untenable* for the reasons explained in his paper.

The "Unity" of the "materies morbi." The apparent inter-dependence of the poisons of different diseases were to some extent forcibly impressed in the paper by the writer's citation of numerous cases, and the variations dependent upon sanitary surroundings, etc., etc.

Considerable space was devoted to the diphtheria of puerperal wounds, and puerperal erysipelas. The former happily is not of very great frequency, and it has possibility or a strong probability of parasitic origin along the genital tract. The latter disease, however, may be located remote from the genitals the same as in non-parturient women, a number of instances of which were given.

Some cases of erysipelas were also given which could be traced to no other cause than cold and exposure to dampness, apparently independent of possible contagion.

Regarding prophylaxis of the puerperal diseases, said the writer: Bi-chloride of mercury, antiseptic pads, and injections, with bare walls, floors, and other surroundings characteristic of small-pox and typhus fever, are not a necessity in the lying-in chamber. In private practice almost non-interference can be carried out, but under the present system of hospital construction this plan can rarely be so absolute. Several pages were devoted to giving his experience, while Resident-Surgeon at Charity Hospital, New York, at Maternity Hospital, etc., and statistics which, on comparing with those given by Dr. Garrigues, do not well tally or correspond. From August, 1880, to December, 1880, there were confined in Maternity proper 50 selected cases. Of these, 5, or 10 per cent., died of puerperal metritis, septicæmia, or peritonitis. In the waiting wards, during the same months, there were confined 72 cases, also selected. Of these, 6 died, only 3 of which, or about 4 per cent., died of septic infection. During October and November the writer delivered, in the waiting wards alone, 25 women, of whom 1 died, and she of extensive heart lesions and pulmonary œdema. During these same months 30 out of the 50 cases cited from the Maternity records, 5 fatal cases occurred, making a mortality for the two months of 16⅔ per cent. from septicæmia at the Maternity proper. In 1875, the first year of the occupancy of the Maternity Hospital, there were 570 deliveries, with a mortality of 15, or 2.67 per cent. In 1881 the mortality fell to 2.36 per cent. In 1877 it rose to 6.67 per cent., the reasons of which were elaborately dwelt upon.

During the service of Dr. B. Wood at the Maternity, of 68 cases there were 3 deaths (from all causes). In the next two months, of 62 cases 3 deaths occurred, 1 of which was due to septicæmia. The grand total for the waiting wards and pavilions from August, 1880, to April, 1881, was 202 cases, with a mortality of 12, only 5 of which, or a little more than 2½ per cent., were due to septicæmia or puerperal fever. Of 130 cases, the writer stated, the let-alone plan of treatment was more rigid than his own, vaginal injections not being allowed. From April, 1881. to April, 1882, 423 cases were delivered, with but 2 deaths from puerperal fever. The treatment of this series was also non-interference. On the other hand, the writer stated, he has seen the temperature rise and pelvic inflammations follow the use of frequent vaginal injections, and cases which may eventuate in puerperal septicæmia and lead to a fatal issue would often do well and make a perfect recovery if let alone and kept quiet, and free from CURIOUS visitors. As for prophylactic intra-uterine injections, the man who uses them will sooner or later come to grief, in making too general use of this procedure. Regarding "placental compression," or Crede's method, to "press it out," is almost invariably absurd and pernicious. No more harm or serious result is likely to arise at the present time from a few minutes retention of the placenta than there was centuries before Crede was ever heard of. Without wishing to underrate the importance of freeing the womb from putrescible substances, the writer deplored the practice of inserting one's hand into the uterine cavity, seeking for an imaginary piece of placenta or for portions of secundines of microscopic size. Another, yet more clear illustration of the advantages of the non-interference plan of treatment in obstetrical practice, was cited while the writer acted in the capacity of Resident-Surgeon to the New York State Hospital for Emigrants, where the deaths occurring from septicæmia were in the minimum. A year since a so-called "reform" was instituted there in the emigrant service. The *prophylactic* injections and complicated manipulations were introduced, and with the direct and immediate effect of increasing the mortality rate, which became alarmingly high. Simultaneously upon Ward's Island there were present a large number of Russian-Jewish refugees, who were filthy and were mentally despondent. Upward of 90 of these women were delivered without a death. There were numerous forceps deliveries, but there was absolute non-interference in the after-treatment. Here was a good opportunity to compare fancy-midwifery results with the let-alone method.

Primary Operation for Perineal Lacerations.—In severe lacerations the primary operation is very essential, and often productive of the best results, but the tendency is toward too much routine practice in this respect, especially in hospitals. Those of less degree will heal of themselves. Chromated catgut is probably the best material for sutures to be used in deep and extensive lacerations, which it is desirable to repair at once and thus diminish the surface for septic absorption; but if a laceration extend completely into the rectum, the tendency is to the secondary in preference to the primary operation. Meanwhile, cleanliness and iodoform are the most important elements of treatment. In some cases the slight fever resulting from the sutures is likely to prevent the secretions, and convert them into a favorable nidus for the development of bacteria. In general the operation is very successful if properly performed. Instrumentation or passage of a catheter at frequent intervals is unnecessary. A bed-pan should be used, and a stream of iodized water from a fountain-douche allowed to flow over the vulva during

urination. Iodine is a more efficient deodorizer than carbolic acid, being destructive to bacteria in a strength of 1 to 5,000. Bichloride of mercury, if used, should be in very dilute solutions; and in view of its chemical action in forming albuminates, its superior usefulness may be questioned. A few other general suggestions for this accident closed the succeeding few pages upon the primary operation.

Injections during Labor.—This is recommended by some of our antiseptic extremists. Lydston's remarks condensed were: They are not only useless, but injurious, and all unnecessary manipulations, as introduction of the hands frequently within the rimæ vulvæ is prejudicial to the safety of the patient, and only that which is consistent with careful watching of the case should be attempted.

Tardy Delivery.—The use of the forceps at the second stage, care in changing the linen of the patient, (first by warming it), also the same should be done with a cold bed-pan before placing it under a patient, were the chief items requiring attention.

Administration of Ergot.—It is undoubtedly prophylactic of puerperal diseases, for it produces uterine contraction and hastens involution. In feeble subjects and after severe or instrumental deliveries, give small doses of the drug with quinine for a week or ten days. Hour-glass contraction should be carefully guarded against and borne in mind before the placenta has been expelled, although this condition is rare. After labor a pad of oakum placed over the vulva is much neater than a napkin. The potency of germs and the value of antiseptics are well appreciated, but the woman should now be interfered with as little as possible. We should regard labor as a physiological process rather than in the light of being pathological. Women are to-day entitled to the same natural advantages that they were long before syringes, antiseptics and microscopes were ever dreamed of, although when fœtor or suppression of the lochia indicate danger, intra-uterine injections, and other hygienic measures are demanded, and in these severe cases a glass tube after being introduced may be left in *situ* until danger is passed. Even constant irrigation may be advisable. Jones, of St. Paul, has recently reported several interesting cases in which they were useful. Sloan recommends suppositories of iodoform and eucalyptus. Curetting would not be proper excepting when portions of secundines were known to be left. The success also of the iodine treatment in typhoid fever ought to be a good basis for its use in septicæmia. Also antipyretics, as the salicylate of iron is almost specific in its action, this will often rapidly lower the temperature where quinine has failed. The hot vaginal injections to be effectual should be given through a cylindrical speculum. The faradic current was spoken of as one of the best remedies to induce resolution of pelvic exudations. * * * General peritonitis complicated by septicæmia is the most fatal disease to which the puerpera is liable, the vital powers being overwhelmed by a most powerful poison. The treatment suggested for septicæmia comprises the measures already stated, in combination with very free use of opium and stimulants. Hot applications over the abdomen, or, perhaps, cold, applied may be a useful measure in this fatal malady, and to support the system in its efforts to rid itself of the poison already absorbed. About six pages of goodly advice to our esteemed bacteriophobic friends in the East, and to those having direct charge of Maternity Hospitals eloquently closed what probably is one of the most comprehensive papers upon a single topic ever presented to this society. But many valuable formulæ and interesting points in this review have been unavoidably omitted.

Fracture of the Greater Tuberosity of the Humerus Extending into the Bicipital Groove, was the subject of a paper read by Dr. F. C. Schaefer, who also presented the case of a man, 55 years of age, having met with this rare form of fracture. As the paper is not at our command we must limit our remarks, which are from memory. Two years ago the patient received an injury to his shoulder by falling forward from a height of about three feet, resulting in fracture of this variety. The various fractures and dislocations of the joint were enumerated at the time of reading the paper, and the characteristics of this lesion were given as follows: A flattening of the shoulder and an increase in its antero-posterior diameter. At first this will suggest that there is a dislocation. This flattening is caused by the drawing backward of the fragment of bone by the attached muscles and consequent crowding forward of the head of the humerus. The displacement leaves a deep sulcus in place of the bicipital groove. Crepitation confirms the diagnosis. After the subsidence of the inflammation consequent to the injury, there was partial fibrinous anchylosis of the joint, which was with great difficulty broken up. At the present time upward and backward extension of the arm is but slightly limited, as was demonstrated by the mobility of the limb. The alteration in shape of the upper part of the bone is evident on palpation, though this was barely perceptible to the eye, the patient being somewhat *embonpoint*, and an almost perfect recovery had been the result of treatment. The speaker, in conclusion, cited several cases of this injury in which the diagnosis had been confirmed by autopsy. Perhaps not more than ten cases of this rare form of fracture are on record.

The case was examined by the members present, and its peculiarities informally discussed.

Owing to the late hour, and the fact that a number of our members, who are experienced surgeons and obstetricians, had gone to Washington to attend the National Medical Association, a motion prevailed that discussion of both the above papers be deferred until a future meeting. L. H. M.

ILLINOIS STATE MEDICAL SOCIETY.

TUESDAY, MAY 20, 1884—FIRST DAY.

The thirty-fourth annual meeting of the Illinois State Medical Society commenced its sessions on Tuesday morning, May 20, 1884, at 10:30 A. M., in the First Methodist Church of Chicago. There were about two hundred delegates and members present.

The President, Dr. Edmund Andrews, of Chicago, called the meeting to order, and an appropriate prayer was offered by Rev. A. E. Kittredge. Dr. E. Ingals in behalf of the Committee of Arrangements gave an address of welcome, which was responded to by Dr. S. K. Crawford, of Monmouth.

Dr. D. W. Graham, Chairman of the Committee of Arrangements, presented the following as the order of business: Reports of the Committees on Practical Medicine; Surgery; Obstetrics; Gynæcology; Ophthalmology and Otology; Drugs and Medicines; Necrology, and Special Committees appointed last year. Volunteer papers on various topics were in the hands of the Committee from Drs. F. C. Shaefer, F. C. Hotz, A. B. Strong, R. H. Babcock, C. Fenger, D. W. Graham, H. A. Johnson, C. E. Webster, J. S. Whitmire, C. W. Earle, David Prince, E. C. Dudley, C. T. Parkes, W. P. Verity and R. Tilley. The Committee recommended that the sessions be held from 9 A. M. to 12 M., and from 2 to 5 P. M.

The Society was invited to visit all of the public institutions, the County Hospital, parks, Academy of Sciences, and points of attraction at 4 o'clock this afternoon.

Dr. C. W. Earle moved the reference of several papers to the proper committees, and on motion a paper by Dr. Prince on "Palatoplasty" was set for reading at 2 P. M., and one by Dr. C. Fenger on "The Diagnostic Peculiarities of Malignant Growths" at 10 o'clock next morning.

The President, Dr. E. Andrews, then delivered his annual address, which was devoted chiefly to a discussion of the nature of ethics and etiquette in general, and their relations to the medical profession. The address was well received, and at its close on motion of Dr. E. Ingals, it was referred to the Committee of Publication, and a vote of thanks tendered to the author.

Reports of Standing Committees being ordered, Dr. J. C. Frye, of Peoria, Chairman of the Committee on Practical Medicine, presented his report. He stated that after receiving the appointment of chairman of the Committee he was taken ill, and therefore been unable to do full justice to his subject. He called upon Dr. McIlvaine, of Peoria, to read his report. He regarded the germ theory of disease as one of the most important branches of medical science. The paper as read, treated largely of the germ theory of disease, the advancement made in the diagnosis and treatment of many of the more prevalent diseases, and detailed the medicines and quantity of the same given in notable cases.

THE AFTERNOON SESSION.

At the opening of the afternoon session, Dr. Graham moved that the action taken in the morning regarding the report from the Committee on Arrangements be rescinded, and the Society concurred. On the motion of the same gentleman, the order of business was made as follows: 1. Reports of standing committees. 2. Reports of special committees. 3. The reading of voluntary papers.

Dr. Prince spoke on the subject of "Palatoplasty," showing how successful operations could be made on the palate to overcome impediments in speech. To illustrate his topic, a small boy who was treated was induced to read a few lines, which he rendered in a very creditable manner.

The list of members of the Society and delegates from other societies was then read by Dr. J. F. Todd, the Assistant Secretary.

Dr. Roswell Park, formerly of Chicago, now of Buffalo, N. Y., Chairman of the Standing Committee on Surgery, presented an interesting report, commenting on the recent advances in the different departments of surgery. He said one heard but little at present concerning the once favorite spray application of solutions to wounds for preventing septicæmia and promoting repair. The general principles of antisepsis were becoming better established, and the properties of particular antiseptics better appreciated. The poisonous properties of carbolic acid were limiting its use in the best institutions both in this country and Europe. Time, and additional clinical observations, had strengthened the favorable opinions he had formerly expressed in regard to the value of naphthaline as a soothing and antiseptic application in dressing wounds and injuries. He stated that surgical pathologists had discovered erysipelas to be a germ disease; the specific quality of the germs having been demonstrated by the successful inoculation of dogs. He alluded to several successful cases of skin grafting over large surfaces, and to pulmonary surgery. In the most important cases of the latter, he claimed that the most eminent operators had abandoned the use of thermol and boracic and carbolic acids, and had substituted solutions having salicylic properties. He alluded to the case of one patient, who had nearly the whole upper lobe of the left lung separated from the pleura and removed. The patient lived until the ninth day, when it was claimed that he died from carbolic acid poisoning. He also alluded to successful resections of the larynx, and to the recent case of resection of the trachea which had been performed in London, followed by entire recovery.

Dr. D. S. Booth, of Sparta, Ill., related a case of extensive gunshot wound, in which the breast, armpit and side of the patient, were perforated and extensively torn; but which recovered by rest, cleanliness, and judicious attention to position.

Dr. Henry Gradle, of Chicago, read a paper on Practical Medicine supplemental to that of Dr. Frye, in which he devoted attention chiefly to the germ theory of disease, giving many observations and diagnoses, and the course of treatment pursued to destroy the bacilli found in many diseases. Referring to cholera he said that the bacilli made their way into the intestines while the patient was suffering from indigestion; when the digestion was good they were carried off. The paper also reviewed the recent discoveries made by Koch and Pasteur in their investigations of the bacillus-tuberculosis and in tracing the bacteria that create various diseases.

Dr. J. A. Robison, of Chicago, read a paper on "Alkaloidal and Kindred Medication," in which he demonstrated that crude drugs vary much in the number of active medicinal properties; that the pro-

cesses of manufacture of these drugs into tinctures and fluid extracts are very faulty. He further demonstrated the vast progress which had been made in the chemistry of inorganic drugs, and urged the application of the principles of organic chemistry to medicinal plants; extracting their active principles and recombining them in preparations of uniform chemical composition, definite therapeutic powers, and ease of administration.

Dr. L. H. Corr, a lady physician of Carlinville, from the Committee on Gynæcology, read a paper on the diseases of women, which had special reference to some plastic operations, and possessed the merit of concise briefness.

On motion of Dr. Hollister it was decided to witness at 2 o'clock Wednesday, the practical demonstrations of subjects afflicted with paralysis of the vocal chords, to be introduced by Drs. Johnson and Graham.

On motion of Dr. Ingals the President's address was referred to a special committee consisting of Drs. Ingals, Hamill, and Graham, with instructions to report before final adjournment.

The Society then adjourned until 9 o'clock Wednesday morning.

SECOND DAY.

The second day's session was called to order in the First Methodist Church at 9:15 o'clock Wednesday morning by the President, Dr. Edmund Andrews. Dr. E. Ingals, Chairman of the Committee on Necrology, read a report, in which it was stated that he had during the year obtained a necrological report from the State Board of Health, in which were recorded the deaths of 108 physicians between 1882 and 1883. Among the number there were no names of members of the Illinois State Medical Society. Of seventy-nine doctors whose death had been reported, the average age was 52 years. He thought physicians ought to hold on to life longer than that, and said that the record indicated that they did not take good care of themselves. The members of the Society who died during the past year were Dr. Joseph Osmond Hamilton, of Jerseyville, and Dr. C. E. Parker, of Beardstown. The former was President of the Society in 1881, and was born at New Design, now Waterloo, Monroe county, April 2, 1824. His father, Thomas S. Hamilton, was a descendant of the Preston branch of the Scottish house of Hamilton.

Dr. Parker settled at Beardstown in 1855. He was a graduate of Yale College, and practiced in Massachusetts prior to coming West. He died of hemiplegia. The report was accepted and placed on file.

[TO BE CONCLUDED NEXT WEEK.]

MISCELLANEOUS.

TREASURER'S REPORT.

DR. RICHARD J. DUNGLISON, TREASURER, IN ACCOUNT WITH THE AMERICAN MEDICAL ASSOCIATION.

1883.		DR.
June 5,	To Cash Balance as per Report to Association	903 95
June 10,	To Cash from Delegates and Permanent Members at Cleveland Meeting—less exchange.	5,008 75
1884.		
May 5,	To Cash Sales of Index of the Transactions	198 00
May 7,	To Cash Amount received for Annual Dues, Subscriptions to the JOURNAL, Advertisements, etc., to date	7,810 60
		$13,921 30

1883.		CR.
June 8,	By Cash paid Dr. X. C. Scott, Chairman Committee of Arrangements, Cleveland, Rent of Halls, Printing, etc.	603 50
June 10,	By Cash paid Wm. F. Fell & Co., Printing	41 55
July 5,	By Cash paid Rich'd J. Dunglison, Treasurer—Travel, Postage, etc., as per order of the Association	64 85
July 9,	By Cash paid annual dues refunded Dr. Goodwillie, as per order of the Association	5 00
July 10,	By Cash paid Dr. N. S. Davis, Committee on Meteorological Observations	108 60
July 10,	By Cash paid Dr. C. H. A. Kleinschmidt, Librarian, as per order of the Association	200 00
Aug. 13,	By Cash paid Wm. F. Fell & Co., Printing Circulars, Stamped Envelopes, etc.	55 45
Aug. 14,	By Cash paid Wm. F. Fell & Co., Printing and Binding Index of Transactions	523 00
Sept. 29,	By Cash for Postage, Expressage, etc.	30 44
Oct. 30,	By Cash paid Dr. N. S. Davis, Committee on Meteorological Observations	250 00
Nov. 9,	By Cash paid Wm. F. Fell & Co., Printing Circulars, Postals, etc.	5 50
1884.		
Feb. 25,	By Cash paid H. M. Barnes, Services as Clerk	50 00
April 29,	By Cash paid Dr. W. B. Atkinson—Travel, Expressage, Postage, etc.	82 75
April 29,	By Cash paid F. Leypoldt—Guarantee Fund, "Index Medicine," as per order of the Association	50 00
April 29,	By Cash paid H. C. Lea's Son & Co., cash advanced for Postage, Index and Transactions	30 35
April 29,	By Cash for Postage, Expressage, Telegrams, etc.	32 38
April 29,	By Cash paid Dr. C. H. A. Kleinschmidt, Librarian, Expenses of Library	15 29

May 5,	By Cash paid for Publication and Editorial Expenses of JOURNAL to date.....	9,560 57
May 5,	By Cash Balanced.....	2,212 07
		$13,921 30

RICHARD J. DUNGLISON,
Treasurer.

WASHINGTON, May 8, 1884.

This certifies that we examined the foregoing accounts and accompanying orders and vouchers, and find them correct in all respects.

(Signed,) ALONZO GARCELON,
Auditing Com. of Amer. Med. Ass'n.

OFFICIAL NOTICE.

ANNUAL DUES from members of the Association—*Five Dollars* per annum—are payable directly to the Treasurer. Such payment entitles them to receive the JOURNAL of the Association for one year.

SUBSCRIPTIONS TO THE JOURNAL from those who are not members should be forwarded to the office of publication, Chicago.

BACK VOLUMES OF THE TRANSACTIONS may be procured, at reduced rates, by addressing the Treasurer.

THE INDEX to the 33 Volumes of Transactions will be forwarded, postpaid, on receipt of *One Dollar* by the Treasurer.

According to a resolution passed May 9, 1884, at the Washington meeting, continuous payment of Annual Dues is required, to retain permanent membership.

RICHARD J. DUNGLISON, M.D.,
Treasurer.

Lock Box 1274, Philadelphia, Pa.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT UNITED STATES ARMY, FROM MAY 31, 1884, TO JUNE 6, 1884.

Heger, Anthony, Major and Surgeon, assigned to duty at Fort McHenry, Md., as Post Surgeon. (Par. 1, S. O. 108, Headquarters Department of East, June 2, 1884.)

Baily, Jos. C., Major and Surgeon, now on leave of absence, is relieved from duty in Department of Texas, and ordered to report to Commanding General, Department of the East, for assignment to duty at Fort Monroe, Va., to relieve Lieut. Col. Charles Page, Surgeon, United States Army, on July 1, 1884, from duty at that Station.

Lieut. Col. Page, on being relieved by Major Baily, will proceed to Fort Leavenworth, Kans., and report to Commanding General, Department of the Mo., for assignment to duty as Medical Director of that Department (Par. 12, S. O. 125, A. G. O., May 29, 1884.)

Wright, J. P., Major and Surgeon, directed to perform, temporarily, in addition to his other duties, those of Medical Director, Department of the Mo. (Par. 2, S. O. 107, Headquarters Department of Mo., May 28, 1884.)

Huntington, David L., Major and Surgeon, during the absence of the Surgeon General, directed to take charge of the office of the Surgeon General and perform his duties. (Par. 6, S. O 129, A. G. O., June 4, 1884.)

Bentley, Edwin, Major and Surgeon, assigned to duty at Fort Clark, Texas, as Post Surgeon (Par. 1, S. O. 68, Headquarters Department of Texas, May 31, 1884.)

Koerper, Egon A., Captain and Assistant Surgeon, assigned to duty at Fort Keogh, M. T. (Par. 1, S. O. 58, Headquarters Department of Dakota, May 27, 1884.)

Barnett, Richards, Captain and Assistant Surgeon, now on sick leave of absence, is relieved from duty at Columbia Bks., Ohio, and ordered to report to Commanding General, Department of the East, for assignment to duty. (Par. 2, S. O. 129, A. G. O., June 4, 1884.)

Middleton, Passmore, Captain and Assistant Surgeon, granted leave of absence for one month on surgeon's certificate of disability. (Par. 2, S. O. 107, Headquarters Department of Mo., May 28, 1884.)

Wilson, Geo. F., First Lieutenant and Assistant Surgeon, relieved from temporary duty at Fort Canby, Washington Territory, and ordered to return to his proper station, (Fort Walla Walla, Washington Terr.) (Par. 2, S. O. 70, Headquarters Department of Col., May 26, 1884.)

Owen, Wm. O. Jr., First Lieutenant and Assistant Surgeon, having reported at these headquarters in compliance with par. 5, Department Special Orders, No. 62, current series, will return to, and take station at Fort Stevens, Oregon.

In addition to his duties at Fort Stevens, Assistant Surgeon Owen will perform those of medical officer at Fort Canby, Washington Territory. (Par. 1, S. O. 70, Headquarters Department of Col., May 26, 1884.)

Moore, John, Lieutenent Colonel and Assistant Medical Purveyor, ordered to perform in addition to his present duties, those of medical storekeeper, San Francisco, Cal.

Johnson, Henry, Captain and Medical Storekeeper, relieved from duty at the medical purveying depot at San Francisco, Cal., and ordered to report for duty at the medical purveying depot, New York City, relieving Captain Andrew V. Cherbonnier, medical storekeeper.

Captain Cherbonnier, on being relieved by Captain Johnson, will proceed to St. Louis, Mo., and report in person to Captain Geo. T. Beall, medical storekeeper and acting assistant medical purveyor, for duty at the purveying depot at St. Louis, relieving Captain Beall of his duties as medical storekeeper. (Par 9, S. O. 125, A. G. O., June 3, 1884.)

Fryer, Blencowe E., Major and Surgeon, granted leave of absence for one year from July 1, 1884. (Par. 7, S. O 128, A. G. O., June 3, 1884.)

Hall, John D., Captain and Assistant Surgeon, granted leave of absence for three months, to take effect on his arrival at St. Paul, Minn. (Par. 8, S. O 128, A. G. O., June 3, 1884.)

LIST OF CHANGES IN THE STATIONS OF MEDICAL OFFICERS, U. S. NAVY, FOR THE WEEK ENDING JUNE 7, 1884.

Passed Assistant-Surgeon T. M. Murray, detached from U. S. S. "Passaic," ordered to U. S. S. "Constellation."

Assistant-Surgeon W. Martin, detached from U. S. S. "Constellation," ordered to U. S. S. "Passaic."

P. A. Surgeon T. C. Craig, detached from U. S. S. "Minnesota," ordered to U. S. S. "Vandalia."

P. A. Surgeon C. W. Deane, detached from U. S. S. "Vandalia," ordered to U. S. S. "Minnesota."

P. A. Surgeon J. H. Hall, detached from U. S. S. "Minnesota," ordered to Naval Hospital, Brooklyn.

Medical Director P. S. Wales, to continue present duty until August 1, 1884.

Surgeon H. M. Wells, to continue temporary duty at Naval Laboratory.

P. A. Surgeon E. H. Marsteller, detached from U. S. S. "Vermont," ordered to U. S. S. "Monongahela."

Assistant-Surgeon H. B. Scott, commission to date from July 11, 1883.

Assistant-Surgeon V. C. B. Means, commission to date from June 3, 1884.

Assistant-Surgeon F. A. Hesler, commission to date from June 3, 1884.

OFFICERS OF

THE AMERICAN MEDICAL ASSOCIATION

AND OF ITS SEVERAL SECTIONS, 1884-5.

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Place of meeting, 1885, New Orleans, La.; Time of holding meeting, last Tuesday in April.

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